# Department of Counseling and Higher Education Minor in Counseling: Program Plan of Study Form

**Date:**

**Danae Miesbauer, CAHE Academic Counselor**

# Name:

**Z-ID:**

# Advisor:

CAHC/COUN 211:

CAHC/COUN 400:

CAHC/COUN 425:

# or

SCL 100:

# or

**Semester/Year**

# Elective Courses (6 credit hours required; select two courses)

|  |  |
| --- | --- |
| Career Planning (3) |  |
| Exploration in the Counseling Profession (3) |  |
| Human Relation Skills and Strategies (3) |  |
| REHB 493: Counseling in Rehabilitation Services (3) |  |
| Foundation of Social Change Leadership (3) |  |
| SCL 200: Applications of Social Change Leadership (3) |  |

|  |  |
| --- | --- |
| Psychology of African American Experience (3) |  |
| Workshop in Counseling (Rotating Topics)(3) |  |
| Crisis Counseling (3) |  |
| Child Development (3) |  |
| Human Development, the Family and Society (3) |  |
| Introduction to Family Relationships (3) |  |
| Domestic Violence and Trauma in the Family (3) |  |
| Overview of Marriage and Family Therapy (3) |  |
| Introduction to Psychology (3) |  |
| Lifespan Development (3) |  |
| Disability in Society (3) |  |
| Psychiatric Disability in Society (3) |  |
| Introduction to Rehabilitation Services (3) |  |
| Counseling in Rehabilitation Services (3) |  |

BKST 410:

CAHC/COUN 490: CAHC/COUN 493:

# Semester/Year

HDFS HDFS HDFS HDFS HDFS PSYC PSYC REHB REHB REHB REHB

230:

280:

284:

477:

487:

102:

225:

200:

300:

327:

493:

# Elective Transfer Credit Information (if applicable)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Course No. | Title | Credits | Institution | Date | CAHC Equivalent |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

To complete your Undergraduate Minor in Counseling declaration, contact the CAHE Department Academic Counselor

Danae Miesbauer at [dmiesbauer@niu.edu](mailto:dmiesbauer@niu.edu)

An advising appointment can be requested Monday through Thursday, between 8:30 a.m. and 4:30 p.m. E-mail this completed form before your appointment and/or bring a copy to your appointment.

You may inquire about relevant elective substitutions for department review and approval.

**By signing here, I am confirming my intentions to complete the Minor in Counseling program based on the semesters identified above. I understand that changes to my minor program plan should be communicated to the CAHE Academic Counselor during the semester in which my plans change.**

Student Signature: Date: