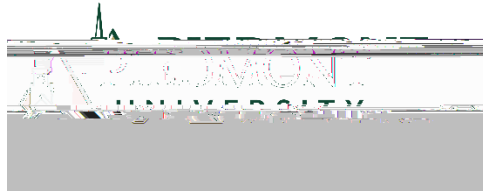


**Department of Professional Counseling  
Clinical Mental Health Counseling Plan of Study**

	<b>1<sup>st</sup> Semester - Fall</b>	<b>2<sup>nd</sup> Semester – Spring</b>	<b>3<sup>rd</sup> Semester - Summer</b>



	<b>1<sup>st</sup> Semester – Spring</b>	<b>2<sup>nd</sup> Semester – Summer</b>	<b>3<sup>rd</sup> Semester - Fall</b>
<b>Session 1</b>			