



Master of Education - Art Therapy Concentration

-File in triplicate -

*Consult current graduate catalog and your advisor when completing this form
Student is responsible for meeting pre-requisites for courses on Plan of Work.
Courses taken under post-bachelor status cannot be included on the Plan of Work.*

Name: _____ ID#: _____
Last First Middle (Maiden)

Address: _____
Street Address City State Zip Code

Cell/Home Phone: _____ Email: _____
(Area Code)

Degree Sought: Master of Education

Major/Concentration: Art Therapy

University	Semester/ Year	Offered	Dept.	Course Number	Course Title	Credit Hours	Grade
		F	AT	6320	Art Therapy: Introduction & Ethics	3	
		F	AT	6340	Theory of Art Therapy	3	
		S	AT	6360	Aspects of Art Therapy (<i>Choose any three 1-cr. courses</i>)	3	
		Th	AT	7500	Cultural and Social Diversity	3	
		F	AT	7300	Studio Art Therapy	3	
		W	AT	7310	Art Therapy with Groups	3	
		F	AT	7330	Art Therapy Assessment & Practice with Children & Adolescents	3	
		F	AT	7340	Art Therapy Assessment & Practice with Adults and Families	3	
		W	EDP	7370	Adult Psychopathology	3	
General Professional Core Courses							
<i>(Choose three courses from list from three different areas for a total of 6 credits)•</i>							
						2	
						2	
						2	
Practicum/Internship & Research Courses							
		F	AT	7380	Art Therapy Practicum [†]	3	
		F	AT	7000	Research in Art Therapy	3	
		W	AT	7999	Art Therapy Masters Project and Specialization	3	
		F-W-SS	AT	7890	Art Therapy Internship [†]	6	

[†] Must submit written application at least one semester in advance and receive approval prior to enrolling.

*EDP 5450, 5480, 7350; EER 7610; TED 7060(3) are typical choices

Total number of semester credit hours required for degree: **48**

All degree requirements and course work must be completed by _____
(within six years following the date of first recorded grade to be used for degree)

Petition for admission to candidacy _____
(Student's signature) (Date)

Plan of Work approved & candidacy recommended _____
(Art Therapy Advisor's signature)(Date)

Candidacy authorized by College of Education Admissions and Records Office:

Checked by: _____ Date: