

University of Louisville  
 College of Education and Human Development  
 Master in Education in Counseling and Personnel Services  
 With a Concentration in Expressive Therapies

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_ Other Phone # \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Student ID# \_\_\_\_\_  
 Email address \_\_\_\_\_

Education Advising Center  
 College of Education and  
 Human Development  
 University of Louisville  
 Louisville, KY 40292  
 (502) 852-5597

The 36 hour Master of Education does not fulfill the requirements for the American Art Therapy Association (AATA), Kentucky Certified Professional Art Therapist (CPAT), Registered Art Therapist (ATR), and Board Certified Art Therapist (ATR-BC)

COURSE PREFIX	COURSE NUMBER	COURSE TITLE	CREDIT HOURS	SEMESTER OFFERED F/SU	HOURS EARNED	GRADE EARNED
<b>Core Professional Area (21 hours)</b>						
ELFH	600	Introduction to Research Methods and Statistics	3			
ECPY	605	Human Development	3			
ECPY	629	Theories & Techniques of Counseling	3			
ECPY	650	Group Process and Practice	3			
ECPY	663	Multicultural Issues	3			
ECPY	670	Career Development & Counseling	3			
ECPY	680	Practicum	3			
<b>Expressive Therapies concentration (15 hours)</b>						
ECPY	632	Clinical Art Therapy I: Theories	3			
ECPY	633	Clinical Art Therapy II: Assessment and Practice	3			
ECPY	639	Research in Expressive Therapies	3			
ECPY	641	Applied Methods in Expressive Therapies	3			
ECPY	643	Field Studies in Art Therapy	3			
<b>MINIMUM TOTAL HOURS</b>			<b>36</b>			

The following course work must be completed in order to meet the educational requirements for credentialing as an art therapist (ATR, BC, CPAT)						
ECPY	621	Differential Diagnosis	3			
ECPY	637	Expressive Techniques	3			
ECPY	642	Symbols of Self Actualization	3			
ECPY	680	Practicum <i>(Must take ECPY 621, 637, &amp; 642 before taking this course)</i>	9			
Other electives (6) must be approved by advisor						
<b>TOTAL HOURS</b>			<b>60</b>			

**THIS PROGRAM SHEET MUST BE SIGNED BY THE ADVISOR AND THE STUDENT AND SUBMITTED TO THE EDUCATION ADVISING CENTER BEFORE THE STUDENT CAN BE UNCONDITIONALLY ADMITTED TO THIS PROGRAM.**

Student \_\_\_\_\_ Date \_\_\_\_\_ Advisor \_\_\_\_\_ Date \_\_\_\_\_  
 Copy to: EAC  Student  Advisor  Dept.

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Name \_\_\_\_\_  
 Social Security \_\_\_\_\_  
 Degree Program \_\_\_\_\_  
 Content Area (if applicable) \_\_\_\_\_

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*Please list courses transferred from other Colleges/Universities.*

Course (course number and title)	SEMESTER HOURS	University or College

**Course Substitution**

Required Course (course number, title, and hours)	Substitution (course number, title, and hours)	Reasons for the Substitution

**NOTES** (any additional information regarding student's program)

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\_\_\_\_\_  
 Advisor Date Student Date

Copy to:                      EAC                       Student                       Advisor                       Dept.