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UNIVERSITY OF MISSOURI-KANSAS CITY

SCHOOL OF EDUCATION

FACULTY MEMBER AGREES TO SERVE AS ADVISOR

*Please print or type*

\_\_\_\_\_  
(Date)

I hereby agree to serve as advisor for \_\_\_\_\_

\_\_\_\_\_ who is in good standing in the Counseling Psychology Ph.D. Program.

\_\_\_\_\_  
(Advisor Signature)

\_\_\_\_\_  
(Date)

Send to:

1. Student Services Office, Room 129 Education
2. Director of Training, Counseling Psychology Program

**UNIVERSITY OF MISSOURI-KANSAS CITY**

SCHOOL OF EDUCATION

COUNSELING PSYCHOLOGY DOCTORAL REQUIREMENTS CHECKLIST

*Please print or type*

\_\_\_\_\_  
(STUDENT NAME)

\_\_\_\_\_  
(DATE)

Year of Entry: \_\_\_\_\_

1. Education Foundation Courses

____ EDUL 5526 or EDUL 5528 or EDUL 5525	Sociological/Philosophical/Cultural Foundations of Education (3)
____ EDRP 5640	College Teaching (2)
____ EDRP 5639	Practicum in College Teaching (1)
____ EDRP 5513	Life-Span Development (3)

2. Psychology Core

____ PSYCH 5512	Contemporary Issues in Social Psychology (3)
____ PSYCH 5515	Advanced Systems and History of Psychology (3)
____ PSYCH 5518	Advanced Biopsychology (3)
____ PSYCH 5505 or PSYCH 5507	Cognitive/Affective Bases of Behavior (3) (Motivation or Cognitive Psychology)
____ PSYCH 5533 or CPCE 5503	Psychopathology (3)

### 3. CPCE Core

____ CPCE 5600	Introduction to Counseling Psychology (1)
____ CPCE 5505	Career Development I (3)
____ CPCE 5611	Objective Personality Assessment (3)
____ CPCE 5530	Methods in Counseling (3)
____ CPCE 5531	Counseling Practicum I (3)
____ CPCE 5532	Counseling Practicum II (3)
____ CPCE 5634	Practicum in Child and Adolescent Assessment (3)
____ CPCE 5540	Theories and Methods of Group Counseling (3)
____ CPCE 5551	Counseling in a Pluralistic Society (3)
____ CPCE 5605	Career Development II (3)
____ CPCE 5609/PSYCH 5509	Cognitive/Intellectual Assessment (3)
____ CPCE 5610/Psych 5622	Theoretical and Ethical Issues in Professional Psychology (3)
____ CPCE 5620	Advanced Theories and Methods of Counseling (3)
____ CPCE 5631*	Advanced Counseling Practicum (3)
____ CPCE 5639*	Continuing Advanced Counseling Practicum (3)
____ CPCE 5640	Counseling Supervision (2)
____ CPCE 5641	Supervision Practicum (1)
____ CPCE 5650	Seminar in Current Issues in Counseling Psychology (3)
____ CPCE 5675	Internship (3 hours minimum)

### 4. Statistics/Research

____ EDRP 5605	Quantitative Analysis I: Regression and Analysis of Variance (3)
	Quantitative Analysis II: Advanced

_____EDRP 5606	Topics in Regression and Multivariate Data Analysis. (3)
_____EDRP 5608	Introduction to Grad Research (3)
_____EDRP 5589HL or EDRP 5611	Hierarchical Linear Modeling or Structural Equation Modeling (3)
_____PSYCH 5538/EDRP 5609	Development and Evaluation of Assessment Tools (3)
_____CPCE 5615	Survey of Research in Counseling Psych (3)
_____CPCE 5690 or PSYCH 5590	Directed Research (Predissertation Project) (3 hrs min.)
_____CPCE 5699 or PSYCH 5699	Dissertation (9 hrs. min.)

\* CPCE 5631 & CPCE 5639 is to be completed in two consecutive semesters, in the same agency.

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(Advisor Signature)

Submit this form along with official Program of Study Form (UMKC Form No. 568) to the Director of Training, Counseling Psychology Program





UNIVERSITY OF MISSOURI-KANSAS CITY  
SCHOOL OF EDUCATION  
APPOINTMENT OF DISSERTATION SUPERVISORY COMMITTEE

*Please print or type*

Date: \_\_\_\_\_  
TO: Dean, School of Education  
FROM: Chair, Dissertation Committee

I hereby request the appointment of the Dissertation Supervisory Committee  
for \_\_\_\_\_, \_\_\_\_\_ as follows:  
(Student Name) (Student Identification Number)

Supervisory Committee:

\_\_\_\_\_ Chair\*\*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional member(s): (if required)

\_\_\_\_\_  
\_\_\_\_\_

\*NOTE: There must be a minimum of five graduate faculty members.

\*\*Chair must be doctoral faculty member, and a member of the Counseling Psychology Program faculty.  
Three members must be Counseling Psychology faculty (inclusive of chair).

\_\_\_\_\_  
(Chair, Dissertation Committee)

Send to: Education Student Services Office  
cc: UMKC Records Office  
Director of Training, Counseling Psychology Program

UNIVERSITY OF MISSOURI-KANSAS CITY  
SCHOOL OF EDUCATION  
NOTIFICATION OF DISSERTATION PROPOSAL APPROVAL

*Please print or type*

Date: \_\_\_\_\_  
TO: Dean, School of Education  
FROM: Chair, Dissertation Committee

The undersigned have examined a dissertation proposal entitled:

\_\_\_\_\_  
\_\_\_\_\_

Presented by \_\_\_\_\_,  
(Student Name and Student Identification Number)

a candidate for the degree of Doctor of Philosophy in Counseling Psychology. We hereby certify that in our opinion this proposal is worthy of acceptance.

\_\_\_\_\_  
Chair  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above signatures represent a unanimous approval of the Dissertation Supervisory Committee of this proposal as required by School of Education policy.

Send to: Student Services Office, Room 129 Education  
cc: Director of Training, Counseling Psychology Program

## Course Waiver

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To: \_\_\_\_\_ (Advisor's Name)

From: \_\_\_\_\_ (Professor of Waived Course)

Re: Equivalent Coursework

Date: \_\_\_\_\_

Please be advised that after reviewing relevant documentation, I have approved a course waiver for the following student:

\_\_\_\_\_, who is in the \_\_\_\_\_ program in  
(Student name and number) (Degree)  
\_\_\_\_\_.  
(Major)

UMKC Course Waived: \_\_\_\_\_  
(Course number and name)

Course Equivalent: \_\_\_\_\_  
(Course number and name)

Completed at: \_\_\_\_\_  
(University)

Professor's Signature: \_\_\_\_\_

Cc: Counseling Psychology Program  
Student Services, School of Education

# REQUEST FOR PROGRAM CHANGE

NAME (PRINT OR TYPE)

STUDENT NUMBER

CURRENT ADDRESS

DEGREE SOUGHT

CITY, STATE

ZIP CODE

DEGREE PROGRAM AND EMPHASIS AREA

**DEPT/NUMBER**

**TITLE OF COURSE**

**HOURS**

**DELETIONS:**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ADDITIONS:**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## APPROVALS

FACULTY ADVISOR \_\_\_\_\_ DATE \_\_\_\_\_

DEAN'S REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_

**For major revisions, a revised degree program should be submitted.**

**Change of Advisor Document**  
Counseling Psychology Ph.D. Program, UMKC

I, (print your name): \_\_\_\_\_ student number: \_\_\_\_\_,

am requesting to change my academic advisor of my doctoral study from

Dr. \_\_\_\_\_ to Dr. \_\_\_\_\_ effective on \_\_\_\_\_

(month/date/year) due to the following reason(s):

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The signatures below indicate that both of my current advisor and the prospective advisor have agreed on requested change, and that the Counseling Psychology Program Training Director, Dr. \_\_\_\_\_ has been informed of the result of the requested change.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Current Advisor's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Prospective Advisor's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Training Director's signature

\_\_\_\_\_  
Date

**Internship Candidacy Declaration Form**  
Counseling Psychology Program

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Date of this application:** \_\_\_\_\_

**Projected placement:** \_\_\_\_\_ **local** \_\_\_\_\_ **non-local**

**Year of entry into Ph.D. program:** \_\_\_\_\_

**CHECKLIST:**

- \_\_\_\_\_ Program of study
- \_\_\_\_\_ Pre-doctoral research project completed
- \_\_\_\_\_ Coursework completed
- \_\_\_\_\_ Comprehensive examination passed
- \_\_\_\_\_ Dissertation proposal approved  
*(for 2004 and later, must be approved prior to the Match Day)*
- \_\_\_\_\_ Have discussed internship readiness with advisor

\_\_\_\_\_  
*Advisor's Signature*

**\*\*\*\*\* If any of the above items are not checked, please explain below:**

**Current practicum hours total** \_\_\_\_\_

**Expected hours total by end of next winter semester** \_\_\_\_\_

**Projected type of placement:**

- |                                    |                        |
|------------------------------------|------------------------|
| _____ University Counseling Center | _____ Medical Center   |
| _____ V.A. Hospital                | _____ Consortium       |
| _____ Community Mental Health      | _____ Other (describe) |

**Master of Arts in Counseling and Guidance General Emphasis**  
**The University of Missouri-Kansas City**  
**School of Education**

**PROGRAM OF STUDY**

<b>Name:</b>		<b>Student #:</b>		<b>Date:</b>	
<b>Address:</b>			<b>City:</b>		<b>State:</b>
<b>(H) Phone:</b>		<b>(W) Phone:</b>		<b>Fax:</b>	
<b>Email:</b>					

**Common Core Area (Required--42 Semester Credit Hours)**

Hours Needed	Course	Completed			Transfer Course Institution
		Hours	Date	Grade	
3	CPCE 500 Introduction to Professional Counseling or CPCE 600 Counseling Psychology Proseminar				
3	CPCE 505 Career Development I				
3	EDRP 508 Principles & Methods of Research or EDRP 608 Introduction to Graduate Research				
3	CPCE 5611 Objective Personality Assessment				
3	CPCE 520 Theories and Methods of Counseling* or CPCE 610/Psych 622				
3	CPCE 530 Methods of Counseling or CPCE 610/Psych 622				
3	CPCE 531 Counseling Practicum I				
3	CPCE 532 Counseling Practicum II				
3	CPCE 540 Theories & Methods of Group Counseling				
3	CPCE 551 Counseling in a Pluralistic Society				
3	CPCE 553 Ethics in Professional Counseling or CPCE 650 Current Issues in Counseling or CPCE 610/Psych 622				
3	CPCE 575A Internship or CPCE 631 Advanced Practicum				
3	CPCE 575B Internship or CPCE 639 Continuous Advanced Practicum				
3	CPCE 690 Special Problems (pre-dissertation requirement)				

**\*\*CPCE 520 for 4 hours credit may substitute for the CPCE 520-CPCE 530 sequence.**

**Directions for Completing the Program of Study:** The student and faculty advisor complete the "Program of Study" form. The faculty advisor forwards it to the Certification Manager who reviews it and then forwards it to the Division Chair for signature. The form is returned to the Certification Manager who makes copies and distributes one copy each to the student, faculty, student services, and university records.

	<b>Signature</b>	<b>Date</b>
<b>Student</b>		
<b>Faculty</b>		
<b>Certification Manager</b>		
<b>Dean</b>		

**Request to Take Courses after the Comprehensive Exams-Form**

The Counseling Psychology Program

University of Missouri-Kansas City

Students are allowed to take up to two courses after the comprehensive exams in addition to CECP 5641 and EDRP 5589TP. The following courses can be waived: PSYCH 5506, PSYCH 5508, PSYCH 5515; PSYCH 5518, EDRP 5513, and EDUL 5525/5526/5527. This request must be in writing and approved by the faculty. **Students are responsible for the content of any classes they choose to take after their exam.**

Students will discuss their requests with their advisor who will bring it to the faculty. This form must be approved by the Counseling Psychology faculty at the latest in the April faculty meeting preceding the summer the students plan to take the comprehensive exams.

Student Name: \_\_\_\_\_

Requested courses to take after the comprehensive exams:

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by faculty/Signed by Training Director

\_\_\_\_\_  
Date

University of Missouri-Kansas City School of Education  
 Doctoral Degree Program of Study - Counseling Psychology

In consultation with the Supervisory Committee, the student should initiate this application, secure the approvals indicated below, and present the original to the School of Education Student Services Office. Once approved, the original will be sent to the Registrar's Office and copies sent to the student and faculty advisor.

\_\_\_\_\_  
 NAME (Printed)

\_\_\_\_\_  
 Student Number

\_\_\_\_\_  
 Current Address

\_\_\_\_\_  
 City, State, Zip

If you have received a Master's or other advanced degree from an accredited university, please list below the degree title (M.S., M.A.; the total semester credit hours required for the degree(s), where taken, and the data of the degree award (to be verified by the Supervisory Committee: See attached transcript).

Degree Title	Total Degree Hrs. Required	Institution	Date Received

Listed below are all the courses proposed for your doctoral degree program. At least 60% of the total number of hours taken at UMKC applicable toward this degree program must be at the 5500 or higher level. No more than one half of all Post-Baccalaureate work may be from another university. A maximum of 20% of coursework for doctoral program may be transferred from another college or university.

	<b>Course Number</b>	<b>Title</b>	<b>Hours</b>	<b>Grade/ Waived</b>
1	CPCE 5600	Introduction to Counseling Psychology	1	
2	CPCE 5520	Theories of Counseling	3	
3	EDRP 5605	Quantitative Analysis I: Regression and Analysis of Variance	3	
4	PSYCH 5533 or CPCE 5503	Psychopathology	3	
5	EDRP 5606	Quantitative Analysis II: Advanced Topics in Regression and Multivariate Data Analysis	3	
6	EDRP 5608	Introduction to Graduate Research	3	
7	CPCE 5530	Methods of Counseling	3	
8	PSYCH 5512	Contemporary Issues in Social Psychology	3	
9	PSYCH 5538/ EDRP 5609	Development and Evaluation of Assessment	3	
9	CPCE 5531	Counseling Practicum I	3	
10	CPCE 5611	Objective Personality Assessment	3	
11	CPCE 5505	Career Development I	3	
12	CPCE 5690	Directed Research/ Special Problems (Predissertation Research)	3	
13	CPCE 5540	Theories and Methods of Group Counseling	3	

14	CPCE 5609	Intellectual and Cognitive Assessment	3	
15	CPCE 5532	Counseling Practicum II	3	
16	CPCE 5605	Career Development II	3	
17	CPCE 5551	Counseling in a Pluralistic Society	3	
18	EDRP 5589HL OR 5611	Hierarchical Linear Modeling/Structural Equation Modeling	3	
19	CPCE 5620	Advanced Theories and Methods of Counseling	3	
20	CPCE 5650	Seminar in Current Issues in Counseling Psychology	3	
21	CPCE 5634	Practicum for the Assessment of Children and Adolescents	3	
22	PSYCH 5518	Biopsychology	3	
23	CPCE 5615	Survey of Research in Counseling Psychology	3	
24	EDRP 5639	Educational Psychology: Focus On College Teaching	2	
25	EDRP 5640	Apprenticeship and Conference In College Training	1	
28	PSYCH 5515	Advanced Systems and History of Psychology	3	
29	EDRP 5513	Life Span Human Development	3	
30	PSYCH 5505/ 5507	Motivation/Cognitive Psychology	3	
31	EDUC 5526, 5528, or 5525	Philosophical, Sociological, or Cultural Foundations of Education	3	
32	CPCE 5631	Advanced Counseling Practicum	3	
33	CPCE 5639	Continuing Advanced Practicum	3	
35	CPCE 5641	Supervision Practicum	1	
36	CPCE 5640	Counseling Supervision	1	
37	CPCE 5675	Internship in Counseling Psychology	6	
38	CPCE 5699	Dissertation	9	

Other Requirements include: successful completion of the Predissertation Project and Dissertation, and passing the Comprehensive Examinations.

Residency Requirement: 2 Consecutive 12 Hour terms or 3 Consecutive 9 Hour Terms

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

**Supervisory Committee Approvals (Signature & Date)**

_____ Advisor		_____ Date		_____ Director of Training		_____ Date	
_____ Chair		_____ Date		_____ Dean		_____ Date	

**Acknowledgement of Ph.D. Handbook Policies and Procedures**

*My signature below indicates that I have read the Ph.D. program Handbook and the Policy and Procedures, and I have been given opportunities to ask questions. I was informed that it will be expected that I follow the program policies and procedures presented in the Handbook and the Policy and Procedures while I am in the program.*

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*I refused to sign*

\_\_\_\_\_  
*Date*