

St. Cloud State University
Graduate Certificate in Marriage and Family Therapy
Program Form

Student's Name (please print): _____ Student ID: _____ Date _____

Address: _____
Street City State Zip

Phone: _____ Email: _____

COURSES	SUBSTITUTIONS	CREDITS	DATE TAKEN	PLACE, IF NOT SCSU
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Marital and Family Studies, 9 cr.

MFT 620: Family Systems, 3 Cr. _____
MFT 621: Family Conceptual Frameworks, 3 Cr. _____
MFT 530: Clinical Issues in MFT, 3 Cr. _____

Marital and Family Therapy, 9 cr.

MFT 624: Family Assessment, 3 Cr. _____
MFT 671: Theories of MFT, 3 Cr. _____
MFT 672: Couple and Family Therapy, 3 Cr. _____
MFT 658: Family and Culture, 3 Cr. _____

Ethics, 3 cr.

MFT 619: Profess. Orientations & Ethics, 3 Cr. _____

Human Development, 9 cr.

MFT 530: Sem: Individual & Fam. Develop., 3 Cr. _____
MFT 530: Child Dev. & Treatment, 3 Cr. _____
MFT 659: Psychodiagnosis, 3 Cr. _____

Research Methods, 3 cr.

MFT 675: Research Methods, 3 Cr. _____

Marriage & Family Therapy Internship, 3 cr.

MFT 696, Internship, 3 Cr. _____
(Prereq.: CPSY 620, 621, 624, 671)

SIGNATURE OF STUDENT: _____

SIGNATURE OF COORDINATOR: _____

SIGNATURE OF GRADUATE DEAN: _____

DATE _____

DATE _____

Office Use Only
Student Notified: _____
10/09