ACADEMIC SUMMARY SHEET

Transcripts will not be accepted in lieu of this form. Both this form and official transcripts must accompany the application.

Instructions:

1. The courses you list on this form from your transcript demonstrate that your graduate program contains CACREP core courses that meet the requirements of ARM 24.219.601, 24.219.605, and 24.219.612.
2. Upload the completed form directly to your online application or email to dlibsdhelp@mt.gov.

Applicant Name:

Date Admitted to Graduate Program:

Graduation Date:

My degree is from a CACREP accredited school: Yes ☐ No ☐

If you answered "yes" above, you do not need to fill out the below table. ONLY fill out the table if your school was not CACREP accredited.

Content Areas	Course Number	Title	College/University	Credit Hours sem or qtr.
Counseling Theory				
Counseling Techniques				
Supervised Experience				
Human Growth & Development				
Social & Cultural Foundations				
The Helping Relationship				
Groups				
Life-Style & Career Development				
Appraisal				
Research & Evaluation				
Professional Orientation				
Advanced Counseling Practicum				

TOTAL CREDITS (Please indicate SEMESTER OR QUARTER hours)
You can list other courses on the back of this form.

_____ Please Total

☐ Sem ☐ Qtr
PLEASE CHECK