**Temporary Graduate Study Plan**  
**Academic Advising Certificate**  
Department of Educational Leadership & Counseling  
College of Education  
Sam Houston State University

Student Name: ___________________________ SAMID: ______________________

Address: _____________________________________________________________________________

Phone Numbers: Home: ___________   Cell: _______________   Work: _______________

Email: _______________________________________________

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Title</th>
<th>Semester</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIED 6360</td>
<td>Student Services in HIED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIED 5390</td>
<td>Foundations in Academic Advising</td>
<td></td>
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<tr>
<td>COUN 5370</td>
<td>Career Counseling</td>
<td></td>
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<tr>
<td>COUN 5392</td>
<td>Cross- Cultural Issues in Counseling</td>
<td></td>
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<tr>
<td>HIED 6372</td>
<td>Practicum in HIED</td>
<td>Fall/Spring ONLY</td>
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</tbody>
</table>

**NOTE TO STUDENT:** This study plan will remain in effect and will be the basis for course registration. If this study plan is followed, all courses satisfactorily completed will apply to the certificate.

Signature  
Advising Advisor  
Date

Signature  
Graduate Student  
Date

Other instructions or notes (if applicable):

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