GRADUATION APPLICATION: COUNSELOR EDUCATION PROGRAM

Student:__________________________________________ Adviser:________________________________ Date:____________

Email Address:__________________________________________ Contact Phone Number:________________________________

I am requesting permission to proceed to Graduation in (check one):

☐ Clinical Mental Health Counseling or ☐ School Counseling or ☐ Advanced Certificate in Mental Health Counseling

Anticipated Graduation Date (Month/Year):______________

I confirm that, prior to Graduation, I will have:

Successfully completed all of the required coursework, including a grade of B or better in the following courses:

☐ COU771/772 Internship in Mental Health Counseling or COU781/782 Internship in School Counseling.

☐ Maintained an overall GPA of 3.0 or better. My present GPA is _____________

In addition to the academic expectations, I am also aware that I am to be evaluated based on my ability to (a) adhere to the professional and ethical standards of the profession, (b) demonstrate adequate counseling skills and competencies, and (c) attend to my personal development as it impacts my ability to work effectively and ethically as a counselor.

Course Specific Information:

<table>
<thead>
<tr>
<th>COURSE</th>
<th>SEMESTER/YEAR ENROLLED AND COMPLETED</th>
<th>FACULTY INSTRUCTOR</th>
<th>GRADE (IP if In Progress)</th>
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</thead>
<tbody>
<tr>
<td>COU771: Internship in Mental Health Counseling I or COU781: Internship in School Counseling I</td>
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<tr>
<td>COU772: Internship in Mental Health Counseling II or COU782: Internship in School Counseling II</td>
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Note: An updated progress report, signed by your advisor, needs to be attached to this application for review.

I confirm that the information in this application is accurate and to my knowledge contains the most current information.

Student Signature:__________________________________________

Print Student Name:__________________________________________

Updated February 2020