



GRADUATION APPLICATION: COUNSELOR EDUCATION PROGRAM

Student: _____ Adviser: _____ Date: _____

Email Address: _____ Contact Phone Number: _____

I am requesting permission to proceed to Graduation in Mental Health Counseling or School 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: **(an unofficial transcript AND an updated plan of study also needs to be attached to this application for review).**

COURSE	SEMESTER/YEAR ENROLLED AND COMPLETED	FACULTY INSTRUCTOR	GRADE (IP if In Progress)
COU771: Internship in Mental Health Counseling I <u>or</u> COU781: Internship in School Counseling I			
COU772: Internship in Mental Health Counseling II <u>or</u> COU782: Internship in School Counseling II			

Briefly describe areas of strength (making sure to attend to academic performance, professional, and personal development):

Briefly describe areas for improvement (making sure to attend to academic performance, professional, and personal development):

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

Student Signature: _____

Print Student Name: _____