



The University of Vermont

Master of Science in Counseling

HANDBOOK AGREEMENT FORM

To insure that all students are familiar with counseling program policies, students are required to complete this form, sign it, and submit to their advisor, prior to their first semester, to be placed in their permanent student file in the Counseling Program Office.

I _____
STUDENT NAME (PLEASE PRINT)

Hereby indicate that I have read, understand, and am in agreement with the policies and procedures outlined in the Master of Science in Counseling Program, Student Handbook dated _____ (Month & Year on Cover of Handbook)

I am in the following program in the Graduate Counseling Program: *(check one in each column)*

- | | |
|---|-------------------|
| School Counseling Program | Full-time |
| Clinical Mental Health Counseling Program | Part-time student |
| Dual Option (School & Clinical Mental Health) | |

Students are required to take 10 credits per academic year minimum for half-time status.

(Later switching of programs and/or completing a dual option are possible but are not automatic. Request for permission to change programs and/or to complete a dual option must be discussed with the student advisor and submitted for approval on the [Change of Program Request form](#) to the Counseling Program administrative staff (656-3888). Such requests are reviewed and agreed upon by the full counseling faculty. If approved, you will be required to complete a new Program of Study and Program Planning Sheets.)

Student Signature

Date