

Student Name: _____

Student SeattleU ID#: _____

1. Admission (signed during New Student Orientation)

By signing below, I certify that I have read this document in its entirety. I also understand that the professional dispositions contained in this document will be used to evaluate my performance at entry point, candidacy, pre-internship, during program completion, and at any time deemed appropriate by the department faculty. I agree to be held to these Professional Dispositions throughout my time in the program.

Student

Date

2. Candidacy

By signing below, I certify that I have reviewed my scores for Academic Standards and Professional Dispositions with my faculty advisor and understand any steps I might need to take relevant to my candidacy in the Counseling Program.

Student

Date

Faculty Advisor:

Date:

3. Completion

By signing below, I certify that I have reviewed the student's Academic Standards and Professional Dispositions for the student listed and have approved the student to advance to the field.

Faculty Advisor:

Date: