

Student Name: _____ Date: _____

(Attach the completed progress sheet to this form.)

Analyst's Section

1.) Completed at least 70 hours of training analysis. _____ Yes _____ No

Analyst's Signature: _____ Date: _____

Advisor's Section

1.) All course work has been completed and 60 academic credits earned. _____ Yes _____ No

(Advisor: Please review progress sheet attached.)

Advisor's Signature: _____ Date: _____

Fieldwork Coordinator's Section

1.) Completion of Practicum, Fieldwork, and Internship Forms _____ Yes _____ No

2.) Completion of Supervision Forms _____ Yes _____ No

Fieldwork Coordinator's Signature: _____ Date: _____

Thesis Paper, Master's Paper or CP 185c Section

1.) Circle one: Thesis Paper Master's Paper CP 185c Paper
The above is complete and accepted. _____ Yes _____ No

Chair or Faculty Signature: _____ Date: _____

Reader Two Signature (If applicable): _____ Date: _____

Mental Health Counseling Program Director's Section

- 1.) Met with Program Director to discuss licensure requirements:
- a. Has transcript to show 10 areas highlighted _____ Yes _____ No
 - b. Has Practicum (CP185) forms in file with 100 hours filed _____ Yes _____ No
 - c. Has Internship forms in file with 600 hours filed _____ Yes _____ No

Program Director's Signature: _____ Date: _____

Fiscal Department Section

1.) All tuition, fees and other outstanding debts have been paid. Yes No

Director of Fiscal Affairs Signature: _____ Date: _____

Financial Aid Department Section

1.) Student Loan Exit Counseling Session has been completed. Yes Not Applicable

Director of Financial Aid Signature: _____ Date: _____

Library Section

1.) All books, journals are returned. Yes No

2.) All fees paid. Yes No

Librarian Signature: _____ Date: _____

Registrar's Section

1.) Documentation of completion of thesis is in the student's file.

Yes No N/A

2.) Three hard bound copies of thesis or master's paper received.

Yes No N/A

3.) Graduation Fee Paid.

Yes No (Date: _____)

Registrar's Signature: _____ Date: _____

Dean's Section

Dean's Signature: _____ Date: _____

Office use:

Board Approval: _____

Graduation Date: _____