

AFFIDAVIT OF COMMITMENT

Read and sign below. Obtain your Faculty Advisor's signature and leave this form with the department's administrative assistant to be placed in your file. You may request a copy for your records.

My signature below indicates that I have read and understand the information in the Counselor Education Program Handbook and I agree to be bound to its stipulations, policies, and procedures. I understand my rights and responsibilities as a graduate student in the Counselor Education Program.

Furthermore, I commit to enroll in courses each consecutive fall and spring semester during my program of study, unless I obtain permission in writing to do otherwise for a legitimate reason and a specific period of time.

Printed Student Name

Student Signature

Date

Faculty Advisor Signature

Date