

XVII. Handbook Agreement Form

To insure that all students are familiar with counseling program policies, **students are required to fill out and sign the following form to be placed in their file.** Please return to the Office Manager, Room 2102 Buzzard Hall, Eastern Illinois University, 600 Lincoln Avenue, Charleston, IL 61920.

I, _____ (Student's Name) hereby indicate that I have read, understand and am in agreement with the policies and procedures outlined in the **Master of Science (M.S.) in Counseling (with a concentration in Clinical Mental Health Counseling)** in the Department of Counseling and Higher Education's "Student Policy Handbook" dated 20____ - 20____.

I am a _____ full-time, _____ part-time graduate student.

Student Signature

Date