

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 Office Manager, Department of Counseling and Student Development, Room 2102, Buzzard Hall, Eastern Illinois University, 600 Lincoln Avenue, Charleston, IL 61920.

I, _____ hereby indicate that I have read, understand and am
(Student's Name)
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 Student Development's "Student Policy Handbook" dated 20____ - 20____.

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

Student Signature

Date