

**DEPARTMENT OF PSYCHOLOGY
UNIVERSITY OF WEST FLORIDA
CERTIFICATION OF ADMISSION AND AGREEMENT
TO ABIDE BY COUNSELING PROGRAM POLICY**

Student Name: _____

Admission Date: _____

I understand that, as a graduate student, I have certain rights, privileges, and responsibilities, as do the faculty, which are described in the Graduate Student Policy. In accepting admission to the Graduate Program in Counseling in the Psychology Department, I certify that I have received, read, and agree to abide by the provisions of the Graduate Student Policy for the Counseling Track Program, the Psychology Department Student Handbook, and the UWF Student Handbook.

Faculty Advisor Signature/Date

Student Signature/Date