

STUDENT PROGRAM AGREEMENT CONTRACT

I, _____
(Print your Name)

- ☐ **Received and read** the Student Program Manual at Trinity Western University, Counselling Psychology Program.
- ☐ **Give permission** to add my email address to the CPSY Student Listserve for the purpose of receiving information and announcements related to the program.
- ☐ **Understand** the policies and procedures as stated in the Manual, and agree to fulfil the requirements and abide by the policies set forth herein.
- ☐ **Am aware** that the disclosure of personal information is a common feature in mental health professions, both formally (in supervision, training, research, etc.) and informally (in socializing, friendships, training activities, etc.) and I have carefully read the information related to this on pg. 17 of the Manual.
- ☐ **I further agree** that the Faculty of the Graduate Program in Counselling Psychology at Trinity Western University have the right and responsibility to monitor my academic progress, my professional ethical behaviour, and my personal characteristics.

If, in the opinion of the faculty, any or all of these are in question, I agree to abide by the CPSY Program Committee's decision as to whether or not I will be able to continue in the program.

Please sign below and give this completed form to your faculty advisor.

Student: _____ Date: _____

Faculty Advisor: _____ Date: _____