

In the Comprehensive Clinical Integrative Paper, you will articulate a professional summation of your developing professional integration of clinical and theological knowledge as well as spiritual and personal growth experiences and awareness. Each section draws upon academic reflection in previous coursework.

This form serves to initiate the registration process for CNS 581, which is a no-credit registration. No tuition will be assessed. During the course of this semester, you will typically schedule four appointments with your assigned reader. Requests for a particular faculty reader will be honored when possible, but cannot be guaranteed.

Even though this is a no-credit registration, CNS 581 will have the same add and drop deadlines and refund policies as our traditional campus classes. Students must complete coursework within the given semester or register for another semester -- incompletes cannot be granted. To complete the course, the final copy of the paper must be submitted for approval no later than two weeks before the official end of the current semester. (Please see the school's academic calendar for the date of semester end.) If the final copy has not been completed or submitted in a timely manner, you will receive a "U" grade on your transcript and will be required to register for an additional semester of CNS 581.

If you have not yet walked in graduation, you may elect to take one semester off, but faculty mentorship over the process will only occur during semesters wherein you are registered. If the paper is not completed within two semesters of CNS 581, you will be required to maintain a one-credit Independent Study course for a grade under the supervision of a faculty mentor, in addition to maintaining registration in CNS 581 until the paper is completed. Normal tuition rates apply to Independent Study courses.

Submission of this form initiates the research and writing process. It must be submitted and approved before you may begin working on your Comprehensive Clinical Integrative Paper. Please return the completed form to the Master of Arts in Counseling program director for review.

Full Name _____ Student ID _____
 First Middle Last

Preferred Reader _____

Comprehensive Clinical Integrative Paper Start Date _____ Anticipated Completion Date _____

By signing below, I declare that I understand that it is my responsibility to initiate interaction with my program director and reader throughout the research and writing process. I have received the appropriate program handbook, completion calendar, and format guide. If I do not finish my paper during the current semester, I am aware of the requirement for continued enrollment in CNS 581. A fee will be charged for each semester I register until the paper is completed.

Signature _____ Date _____

OFFICE USE ONLY

Program Director signature (indicates approval of application) _____ Date _____

Assigned reader (determined by Counseling program director) _____

Assigned reader signature _____ Date _____

Completed Form to be Distributed to:	Student Reader Registrar	Program Director Counseling Program Administrative Assistant Assistant Registrar
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