

# Curriculum and Degree Intent Form

## Oregon MA Counseling Program

This form is for current Portland MA Counseling Students only. Please use this form to declare your intent to *remain* in your current curriculum (degree/catalog year) with the original graduation requirements or *transfer* into one of the new 2019-2020 programs as listed below in the transfer box.

Those in Graduate Studies Certificate-Counseling or Non-Degree program who wish to change to a master's-level program in Counseling will need to consult with their Student Service Director so that Admissions requirements can be understood.

Before you agree to this, please read and understand the degree requirements for your current degree/catalog year on record (found in academic catalog) and if applicable the degree/catalog year you are intending to move into. If you are unsure of your catalog year and requirements, check the degree progress report in S.I.S.. In addition, you can find the new degree program and catalog requirements on the Western Seminary website or by looking at the preview degree audit provided by your advisor/student services.

Full Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
First Middle Last

Email: \_\_\_\_\_

My current program is: \_\_\_\_\_ Catalog Year: \_\_\_\_\_

**It is my intent to REMAIN in my current program/catalog year of :** \_\_\_\_\_  
 and work toward completing those degree requirements.

- I have read and understood the degree/catalog coursework requirements listed in my S.I.S. degree progress and acknowledge I also need to complete the following graduation requirements: passing CPCE exam, personal and group counseling hours, clinical and client contact hours. (It would be good for you to affirm with your advisor the total number of clinical counseling/client contact hours needed for your degree/catalog year.)

My current plan is to complete my degree by: \_\_\_\_\_

**It is my intent to TRANSFER to the 2019-2020 program of:**

M.A. in Counseling -- Clinical Mental Health

M.A. in Counseling -- Clinical Mental Health/Child and Youth Specialization (with departmental approval)

- I have read and understand the 2019-2020 catalog course requirements for the degree program above and also understand the additional graduation requirements of passing the CPCE exam, completing personal and group counseling hours and completing 700 total clinical hours including 280 client contact in practicum and internship.
- I understand that once I change into a 2019-2020 degree program, I may not transfer back to my former curriculum or be eligible to graduate under the old program requirements.

My current plan is to complete my degree by: \_\_\_\_\_

**Advisor's Signature:** \_\_\_\_\_ **Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return to: REGISTRAR/STUDENT SERVICES at [studentservices@westernseminary.edu](mailto:studentservices@westernseminary.edu)**

OFFICE USE ONLY

Approve \_\_\_\_ Disapprove \_\_\_\_ Registrar \_\_\_\_\_ Date \_\_\_\_\_

Comments/Provisions \_\_\_\_\_