WILLIAM JAMES COLLEGE

Clinical Mental Health Counseling M.A. Program Handbook Form

The **Clinical Mental Health Counseling M.A. Program Handbook** provides important program policies and procedures.

I acknowledge that I have been provided with the document listed above in electronic form on the WJC website and that I have familiarized myself with its contents.

I recognize that the information, policies, and procedures described in the Handbook are subject to change, and that revisions to these Policies may supersede, modify, or eliminate existing policies. I acknowledge that the Counseling and Behavioral Health Department will communicate any such changes through official notices, but the effectiveness of such changes is not contingent on the department giving such notice or my receiving it.

Furthermore, I acknowledge that I have received in electronic form and read this. By signing this form, I accept that I am responsible for the information in the Clinical Mental Health Counseling M.A. Program Handbook.

I, _____ (student's name) have received and read the Clinical Mental Health Counseling Program Handbook.

STUDENT'S NAME (printed): _____

STUDENT'S SIGNATURE: _____

DATE: _____

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