



**Graduate Program in Counseling
Stage 1 Review for Candidacy**

Student Name _____ ID: @ _____

Address _____

Town/City: _____ State _____ Zip _____

Telephone: _____ Email: _____@student.

Check program and concentration below: fitchburgstate.edu

Program:	Masters of Science	CAGS - IS
Concentration/direction:	<input type="checkbox"/> MS: CMH <input type="checkbox"/> MS: SC	<input type="checkbox"/> CAGS: CMH <input type="checkbox"/> CAGS: SC

- Required Attachments for Counseling Office Folder:**

 - ___ Handbook Form
 - ___ Candidacy Statement
 - ___ Disposition Assessments:
 - ___ Counseling Theories*
 - ___ Intro Prof. Counseling*
 - ___ Additional for CAGS*

*SC: Advisor sends to licensure office.

Date of first class: ___/___/___

Requirements	Yes	No (Note next action step)
1. Completed the Stage 1 required courses (Counseling Techniques and Intro Prof Counseling; two courses for CAGS students).		
2. 3.25 minimum overall cumulative average.		
3. Stage 1 minimum 3.0 final grades in each course.		
4. Demonstrates appropriate ethical behavior (Candidacy Statement and Candidate Dispositions Assessments from courses).		
5. Demonstrates competent interpersonal behaviors (e.g., with peers, faculty, supervisors, clients) as noted in Candidacy Statement and Field Experience Evaluations.		
6. Demonstrates effective writing and oral communications skills as evidenced in Candidacy Statement and Field Experience Evaluations.		

Advisor's Recommendation:

___ Award Candidacy ___ Consultation with Graduate Counseling Programs Committee

Advisor's Signature _____ Date: ___/___/___

Graduate Counseling Programs Committee Recommendation:

___ Award Candidacy
 ___ Candidacy is not awarded at this time. Student needs to take these actions to demonstrate competencies.

(Provide course number and title if applicable): _____

___ Other (Specify): _____

___ Drop from the Program

Graduate Counseling Chair _____ Date: ___/___/___

Dean of Education action for formal admission to the Fitchburg State University Educator

Preparation Program (for students in School Counseling Course of Study): ___ Award Admission

___ Deny Admission (Reason): _____

Signature of the Dean of Education or Designee: _____ Date: ___/___/___



CMH students: Retain original document for future licensure application. 2 copies to Advisor. SC students: White (licensure) and yellow copies to program advisor; pink copy for student records.