

School Counseling Program
Assumption College

FINAL_Effective 16-17AY

Oral Exam Capstone Experience Request Form

Student Name: _____

Date: _____

Student Email: _____

Student Academic Advisor: _____

Please check the box that corresponds with your intention & fill in the year:

I have reviewed and discussed my program of study and understand my master's degree requirements with my Academic Advisor. Based on successful completion of pre-requisite requirements, I am eligible to participate in the final benchmark assessment; the oral exam capstone experience requirement. Deadlines for forms are the first Friday of the Fall semester to sit for the Fall Administration and the first Friday of the Spring semester to sit for the Spring Administration. Please refer to the Assumption College Registrar's Office for a current copy of the Academic Calendar. More information about the oral exam can be found on the Assumption College School Counseling Program webpage. Completed forms should be submitted to the School Counseling Office.

I declare my intention to participate in the oral exam capstone experience requirement for my degree program **SPRING 20**_____

I declare my intention to participate in the oral exam capstone experience requirement for my degree program **FALL 20**_____

I verify the above information is accurate:

Student Signature: _____

Academic Advisor Signature: _____

SCP Program Director Signature* _____

FOR DIRECTOR ONLY

_____ Approved, (pending current semester) _____ Denied for Semester Indicated

*NOTE: when SCP Program Director is the assigned Academic Advisor, a Proxy Full-Time faculty must be identified to sign in place of the SCP Director