

University of Vermont
Master of Science in Counseling

Change of Program/Option Form

If you are considering changing programs/options or completing more than one program, please complete this petition and return it to your advisor or the Counseling Program Staff: The Counseling Program, University of Vermont, 101A Mann Hall, 208 Colchester Ave. Burlington, VT 05405-1757.

Changing programs is not automatic.

Student Name: _____ Date: _____

Address: _____

Phone: _____ E-Mail: _____

Advisor: _____

Current Program/Option:

- ___ School Counseling Program
- ___ Clinical Mental Health Counseling Program
- ___ Dual Option Program

Desired Program/Option:

- ___ School Counseling Program
- ___ Clinical Mental Health Counseling Program
- ___ Dual Option Program

Courses Completed (include ones in-process):

Rationale for changing program/option:

Please use reversed side if more room is needed.

Request Approved ☐

Request Denied ☐

Advisor Signature: _____ Date: _____

Note: If your petition is approved, you will need to meet with your advisor to discuss this change and complete a **NEW** Program of Study for your student file.

Distribution: Original Student File, Graduate College, Advisor, Student Services (if school counseling program or dual option).