

University of Vermont
Master of Science in Counseling

Petition to Modify Program Form

If you are requesting a change in your Program Plan, a waiver or substitution of a “required” Counseling Course or requirement, please complete this petition attached any supporting materials, and give them to your advisor. This request will be reviewed by the core faculty and you will be notified of the outcome.

Student Name: _____ Date: _____

Address: _____

Phone: _____ E-Mail: _____

Advisor: _____

Current Program/Option: School Counseling, Clinical Mental Health Counseling, Dual Option

Credits completed in the _____ program:

Requested Change:

Rationale for change:

Conditions of Approval

The advisor signature below attests that the petition to modify has been considered by a majority of the faculty, and a majority of the faculty have rendered a decision.

Request Approved

Request Approved Pending Conditions

Request Denied

I agree with the conditions and consequences of the waiver stated herein.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Note: If your petition to modify from the program is approved, you will need to meet with your advisor to discuss this change and to modify your Program of Study form for your file.

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

Updated 1/21/21