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 Track/Option:  School Track □, Mental Health Track □, Dual Option □

Credits completed in the program: ___________

Requested Change: ____________________________

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Rationale for change: ____________________________

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Conditions of Approval

Request Approved ☐  Request Denied ☐

Advisor Signature: ____________________________________________ Date: ________________
Faculty Signature: ____________________________________________ Date: ________________
Faculty Signature: ____________________________________________ Date: ________________
Faculty Signature: ____________________________________________ Date: ________________

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

Student 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 track or dual option).
Updated 7/28/15.