AGREEMENT CONTRACT
[To be placed in the student file.]

I, ________________________________________ (student name), carefully read the information from the University of Northern Iowa’s School of Applied Human Sciences, Graduate Program in Counseling website.

I understand the policies and procedures and agree to fulfill the requirements as stated and to abide by these policies.

I further agree that the Counseling Faculty at the University of Northern Iowa (UNI) has the right and responsibility to monitor my academic progress, my professional ethical behavior, my personal and interpersonal skills and my clinical skills.

I also agree to familiarize myself with the APA guidelines about plagiarism and adhere to them throughout the program.

I am aware that UNI or the School of Applied Human Services, Graduate Program in Counseling, will not provide or pay for my legal counsel in the event I am sued for malpractice while doing my counseling practicum, internship or any other related laboratory experiences. Nor will UNI pay damages or other costs incurred by me in the event I am found liable. I agree to obtain professional liability insurance prior to taking advancement courses and I will hold UNI harmless if I am sued and found liable.

_________________________________________  _______________________________________
Signature                                Date

Please submit this completed form as soon as possible to:

Amy Liekweg
CACREP Clinical Mental Health Counseling or
School Counseling
University of Northern Iowa
235 Latham Hall
Cedar Falls, IA 50614-0332

Failure to return this on time will delay the program approval decision which means that you cannot take further coursework until approval is granted.