

Request for Completion of Certificate

Name _____ Degree Program _____ Year Started _____

Anticipation Year of Completion _____

Certification desired _____

Please answer the following questions:

1. Coursework and additional supervision required to complete certification:

2. How does the proposed request affect timeline to completion?

3. How will dual supervision be handled (anticipated conflicts with opinions, theoretical frameworks, hours, etc)?

Student Signature

Date

Program Chair Signature

Date

Educational, School, and Counseling Psychology

237 Dickey Hall - Lexington, KY - 40506-0017

Phone: (859) 257-7404 - Fax: (859) 257-5662