

**EPS Program Agreement Contract**

**Name (Last, First, MI):**  (*please print*)

**Program Name:**

**Campus:**

I attended the EPS New Student Orientation and/or reviewed the EPS New Student Orientation Power Point presentation provided by my Academic Advisor or the EPS Department Chair.

I understand the policies and procedures as stated in the presentation. Additionally, I agree to read/review and fulfill the requirements as stated on the Educational Psychology Department and NAU Graduate College websites by abiding by the policies set forth therein.

I further agree that the Faculty in the Educational Psychology Department at Northern Arizona University have the right and responsibility to monitor my academic progress, professional skill development, professional goals and objectives, and personal characteristics relevant to training.

I understand that there may be policies against receiving certifications from state credentialing offices if I was convicted of certain criminal offenses (applies to the Clinical Mental Health Counseling, School Counseling, and School Psychology programs).

Student Signature

Date

Please have your faculty advisor sign this form. Your faculty advisor will forward the signed document to the Educational Psychology Department to be included in your student file.

 Faculty / Chair Signature

 Date

Revised: HGD, 8-13-19