

# APPENDIX U: Sign-Off Sheet for Graduate Student Orientation

Clinical Mental Health Counseling Program  
St. Cloud State University

- Electronic Receipt of Handbook prior to Summer Session**
- Handbook receipt and CMHC program orientation**
- Clinical Experience orientation**

I, \_\_\_\_\_, have read the Graduate  
Name (print)

Student Handbook and Clinical Experience Handbooks on the Clinical Mental Health Program. I understand there will be two additional mandatory orientations in the Fall semester to attend. This signature is in acknowledgement of electronic receipt of the student handbook prior to the COUN 676 summer course. I agree to abide by the policies, procedures and ethical standards of the Clinical Mental Health Counseling program, and agree to participate in the Clinical Mental Health Counseling Program's ongoing evaluation process as described in the Program Evaluation Section of the Graduate Student Handbook.

\_\_\_\_\_  
Student Signature Date

Student Name (Print) \_\_\_\_\_

I further agree to participate in annual surveys provided by the program faculty in accordance with CACREP compliance. I allow data obtained for program evaluation to be used in future program authorized research. All information obtained by program evaluation will be held in confidence according to the St. Cloud State University policy. All data released for research purposes will be done so in an anonymous format.

\_\_\_\_\_  
Student Signature Date

I agree to notify the department within 10 days of any change of address, e-mail, or name in order for the department to remain able to contact me for the annual program review survey. This aligns with the BBHS requirement of 10 day notification of similar updates.

\_\_\_\_\_  
Student Signature Date