

Education's Specialist in Counseling and Guidance Program

Faculty Advisor Agreement

Change of Advisor Form

Course Waiver Form

Request for Program Change Form

UNIVERSITY OF MISSOURI-KANSAS CITY
SCHOOL OF EDUCATION
FACULTY MEMBER AGREES TO SERVE AS ADVISOR

Please print or type

(Date)

I hereby agree to serve as advisor for _____ who is admitted in the Educational Specialist in Counseling and Guidance Program.

(Advisor Signature)

(Advisor – Print Name)

Send to: 1) Student Services Office
2) File

UNIVERSITY OF MISSOURI-KANSAS CITY

SCHOOL OF EDUCATION

CHANGE OF ADVISOR FORM

Please print or type

(Date)

I hereby agree to serve as advisor for _____ who is admitted in the Educational Specialist in Counseling and Guidance Program.

(Emphasis Area)

(Enrollment Year)

(New Advisor Signature)

(Previous Advisor Signature)

(New Advisor – Print Name)

(Previous Advisor Signature – Print Name)

Send to: 1) Student Services Office
2) File

Course Waiver

To: _____
(faculty advisor)

From: _____
(professor of waived UMKC course)

Re: Equivalent Course Work

Date: _____

Please be advised that after reviewing relevant documentation, I have approved a course waiver for the following student:

_____, who is in the _____ program in
(student name and number) (degree)

(emphasis area if applicable)

UMKC Course Waived: _____
(course number and name)

Course Equivalent: _____
(course name and number)

Completed at: _____
(university name)

Professor's Signature: _____

**Cc: Counseling and Educational Psychology Program
Student Services, School of Education
Student**

REQUEST FOR PROGRAM CHANGE

NAME (PRINT OR TYPE)

STUDENT ID NUMBER

CURRENT ADDRESS

DEGREE SOUGHT

CITY, STATE

ZIP CODE

DEGREE PROGRAM AND EMPHASIS AREA

DEPT/NUMBER

TITLE OF COURSE

HOURS

DELETIONS:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADDITIONS:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPROVALS

FACULTY ADVISOR _____ DATE _____

DEAN'S REPRESENTATIVE _____ DATE _____

For major revisions, a revised degree program should be submitted.