

Counseling Requirement Bypass Agreement

This agreement is made between the undersigned student and the counseling department regarding the bypass of the standard counseling requirement.

Student Information

Student Name:

Student ID Number:

Date:

Agreement

By signing this agreement, the student acknowledges understanding of the counseling requirement and formally requests to bypass it for the following reason(s):

Reason for Bypass:

Signatures

Student Signature:

Counselor Signature: