

# Ph.D. AGREEMENT CONTRACT

I, \_\_\_\_\_ have carefully read the Liberty University, Center for Counseling and Family Studies Ph.D. in Counseling Program Handbook. I also have read all of the information in the Liberty University Graduate Catalog relating to the Ph.D. in Counseling Program. I understand that my admittance to and continuation in the Ph.D. program is based on my academic achievement, skill development, and personal and professional growth. I also understand that I will be continually evaluated throughout the program for appropriateness for the field of counseling. I understand the policies and procedures as stated in the handbook and catalog, and I agree to fulfill the requirements as stated.

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| Student Signature | Date |
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| Ph.D. Program Director Signature | Date |
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Liberty University

Center for Counseling and Family Studies

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