

Liberty University
Center for Counseling and Family Studies
1971 University Blvd., Lynchburg, VA 24502
434-592-4049
Ph.D. Acceptance Form

Date:

Name:

Student ID:

Congratulations on your acceptance into Liberty University's Ph.D. program in Counseling with a specialization in: *Professional Counseling* *Pastoral Care and Counseling*. This form serves as an agreement between you and Liberty University regarding the following conditions of your admission.

1. Follow the instructions on the Ph.D. Agreement Contract (enclosed) and copy, sign, and return it with this document. Please note that signing the Ph.D. Agreement Contract means that you fully understand and agree to all of the parameters stated in the PhD Handbook and catalog.
2. Complete all of the counseling Prerequisite Foundational Competency courses checked below and send an official transcript to Cindy at cwaugh@liberty.edu for evaluation. Once your transcript is reviewed you will receive an e-mail confirming that you may take your first PhD course (COUC 740: Advanced Research Methods). Please note that you MUST begin your program with COUC 740.

<input type="checkbox"/> COUN 501	<input type="checkbox"/> COUN 502	<input type="checkbox"/> COUN 503	<input type="checkbox"/> COUN 505	<input type="checkbox"/> COUN 510
<input type="checkbox"/> COUN 512	<input type="checkbox"/> COUN 521	<input type="checkbox"/> COUN 646	<input checked="" type="checkbox"/> COUN 667	

3. Complete all Theological Prerequisites checked below early in your doctoral program (prior to your Qualifying Examination).

<input type="checkbox"/> Hermeneutics	<input checked="" type="checkbox"/> Systematic Theology I	<input checked="" type="checkbox"/> Systematic Theology II
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4. Register to take the Statistical Competency Exam (contact Stan at sgmedvedenko@liberty.edu to register), which must be taken prior to COUC 740. This exam is accessible through Blackboard. If you fail the test you will be required to take PSYCH 355 (or the equivalent), so you will be prepared for the research courses.
5. Sign and return this form to the above address with attention to Cindy Waugh. Please note that signing this form means that you agree to follow guidelines one through four stated above.

Student's Name

Date

Ph.D. Program Director

Date