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CALIFORNIA STATE UNIVERSITY, FULLERTON  
DEPARTMENT OF COUNSELING

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**DECLARATION**

**\*Effective Fall 2020 – This form will become an on-line form**

I, \_\_\_\_\_, hereby certify that I have read and understand the rules,  
Print Name

guidelines, and procedures relative to the practicum experience as set forth by the Department of Counseling at California State University, Fullerton.

I hereby agree to abide by the aforementioned rules, guidelines, and procedures, and I understand that failure to do so could result in disciplinary actions taken against me as set forth in this Handbook and the policies of the Department of Counseling in the College of Health and Human Development at California State University, Fullerton.

I understand that any requests to make any exceptions to the rules, guidelines, and procedures of this Handbook must be made in writing, and that all such requests must be reviewed and approved by the Counseling Faculty.

I further understand that this Declaration will be contained in my clinical training file, in the Clinical Training office.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinical Training Director

\_\_\_\_\_  
Date