



Application for Permission to Elect
CECP 6050 – Professional Issues and Ethics

Return this form to Elizabeth Schab, CECP Administrative Assistant, via email at elizabeth.schab@wmich.edu.

Course CRN #: _____

Semester _____

Today's Date: _____

Student Name _____

Address _____

City _____ State _____ Zip code _____

WIN# _____

Program:

- Clinical Mental Health Counseling—M.A.**
- Counseling Psychology—M.A.**
- Marriage Couple Family Counseling—M.A.**
- Rehabilitation Counseling (Generalist) and Rehabilitation Counseling/Teaching (concentration in Blindness and Low Vision)—M.A.**
- School Counseling—M.A.**

Advisor: _____

Total Credit Hours completed in your CECP program to date: _____

Current # enrolled hours: _____