

**Department of Counselor Education**  
**Graduation Checklist – M.Ed./Ed.S., MAE/Ed.s., Ed.S. Only**

Instructions

Complete and submit to department graduate coordinator prior to the last three weeks of the academic term preceding the one in which you intend to graduate. This form is designed to remind you of tasks to be accomplished in order for you to graduate, including tasks to be completed in the final term of enrollment.

\_\_\_\_\_  
Full name as it will appear on diploma

\_\_\_\_\_  
UFID

\_\_\_\_\_  
Month and year of anticipated graduation

\_\_\_\_\_  
Permanent mailing address

City

State

Zip Code

\_\_\_\_\_  
Email

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Mobile Phone

Anticipated Degree(s) (check one)     M.Ed. and Ed.S.     M.A.E. and Ed.S.     Ed.S. only

Primary Program (check one)

Marriage & Family Counseling     Mental Health Counseling     School Counseling and Guidance

Current Faculty Advisor \_\_\_\_\_

Date of Final Oral Examination \_\_\_\_\_

Do you have an approved Planned Program on file?     Yes     No    Current GPA \_\_\_\_\_

Have you completed a Change of Planned Program form(s) indicating changes you made (if any) in your Planned Program?     Yes     No     N/A – No changes made

Do you have a Supervisory Committee form containing accurate information on file with the department and with the Graduate School?     Yes     No

Have you officially transferred credits toward the degree you are seeking?     No     N/A – No transfer

Yes    If Yes, total credits transferred \_\_\_\_\_    From what university \_\_\_\_\_

Total number of credits you will have completed when you complete your program \_\_\_\_\_

Have you paid required fees (e.g., tuition, library, parking fines, etc.) for your anticipated last term?

Yes     No    If no, when will you pay outstanding fees? \_\_\_\_\_

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Courses for which you currently have Incomplete (I) grades. Courses must be completed and grades changed before you can graduate.

_____	_____
Course	Instructor
_____	_____
Course	Instructor
_____	_____
Course	Instructor
_____	_____
Course	Instructor

Courses for which you will register during your final academic term.

_____	_____
Course	Credits
_____	_____
Course	Credits
_____	_____
Course	Credits
_____	_____
Course	Credits

Do you plan to seek State of Florida licensure as an LMHC	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you plan to seek State of Florida licensure as an LMFT	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you plan to seek SCG Certification	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you plan to attend UF Commencement Ceremony	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you plan to attend Counselor Education Graduation Ritual	<input type="checkbox"/> Yes	<input type="checkbox"/> No

_____	_____
Student Signature	Date