# Review and Retention Policy Consent Form

Couple and Family Therapy

(once signed, to be kept in student’s file)

I, \_(student’s name, printed), have read and understand the Couple and Family Therapy’s Student Review and Retention Policy and the Professional Development Review Form. I agree that the faculty has the right to mo nitor my acade mic , professional, and ethical behavior as long as I am a student in the program. I understand my rights and respo nsibilities under this po licy and I accept and agree to abide by its conditions.

Signature Date

Adopted by the Couple and Family Therapy Program
(August, 2016, revised: March, 2017)