

**MASTER OF COUNSELLING: Alberta Pre-requisites**

<b>Student Name:</b>					<b>Evaluated by:</b>		
<b>Date:</b>					<b>Date:</b>		
<b>Modality</b>	<b>Equivalency demonstrated through:</b> (completed by student)					<b>Evaluation Results</b> (completed by CityU)	
	<b>Course</b>	<b>Prior Academic Work</b>				<b>Meets criteria</b>	<b>Does not meet criteria</b>
		<b>Academic Institution</b>	<b>Course #</b>	<b>Grade received</b>	<b>Course Description</b>		
<b>Development</b>							
<b>Learning</b>							
<b>Counselling Theories</b> Or <b>Personality Theories</b>							

**Recommendation(s):**

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<b>Evaluator's Name (printed):</b>		<b>Signature:</b>	
<b>Title:</b>		<b>Date:</b>	