

MASTER OF COUNSELLING: Alberta Pre-requisites

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

Recommendation(s):

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Evaluator's Name (printed):		Signature:	
Title:		Date:	