

Lewis & Clark Graduate School of Education and Counseling
Counseling, Therapy, and School Psychology Department
Eco-Soma-Arts Certificate Application

Professional good standing attestation from your Master's program

Student Name: _____

LC ID#: _____

LC Email: _____

Current Program: _____

Advisor: _____

By signing below, in my position as the student's advisor, I confirm that the applicant named above in good:

_____ academic standing in the program
_____ professional standing according to the Professional Qualities Evaluation form
_____ that the student is not undergoing a Student Professional Conduct Review
(PCR)

Advisor signature

Date