

**Department of Counselor Education
Western Illinois University**

Field Experience Disclosure Form

Student Name: _____
(please print or type)

I understand that withholding information or giving false information may make me ineligible for admission to school/clinical field experience, or continuation in the Department of Counselor Education. I certify that all information is true, correct, and complete. Falsification of any part of this document may result in automatic dismissal from the Department of Counselor Education.

_____ **I affirm that since completing the initial background investigation for acceptance**
(initial) **into the Department of Counselor Education on** _____ (date, semester, year).

I have not incurred any criminal charges, convictions from prior charges, sentences from prior charges, warrants of arrest, investigation for possible criminal charges, or other activities that may prevent me from engaging in school/clinical fieldwork or working with potential clients.

OR

_____ **I have incurred the following changes since my initial background check that was**
(initial) **conducted on** _____ (date, semester, year):

Change 1: _____

Change 2: _____

Change 3: _____

Other pertinent information: _____

I am enrolling in the following course for the next term (circle appropriate course(s)):

CN 500 CN 544 CN 547 CN 581 CN 591 CN 592

CN 595 CN 596 CN 597 CN 598

Student Signature: _____ **Date:** _____