

MFT PROGRAM STUDENT REQUIREMENT CHECKLIST

MFT Student: _____

MFT Faculty Advisor: _____

<u>Date</u>	<u>Faculty's initial</u>	<u>Action</u>
_____	_____	File Program of Study with the Graduate School and confirmation that the student meets COAMFTE curriculum requirements
_____	_____	Completion of Master's project (if applicable)
		Practicum Evaluations (due December and May each year)
Year I	_____ Date _____ Initial _____	_____ Date _____ Initial _____
Year 2	_____ Date _____ Initial _____	_____ Date _____ Initial _____
Year 3	_____ Date _____ Initial _____	_____ Date _____ Initial _____
		Bi-annual self-reports turned in (due January and May each year)
Year I	_____ Date _____ Initial _____	_____ Date _____ Initial _____
Year 2	_____ Date _____ Initial _____	_____ Date _____ Initial _____
Year 3	_____ Date _____ Initial _____	_____ Date _____ Initial _____
Year 4	_____ Date _____ Initial _____	_____ Date _____ Initial _____
Year 5	_____ Date _____ Initial _____	_____ Date _____ Initial _____
_____	_____	Completion of clinical competencies
_____	_____	Completion of 500 hours prior to supervision course
_____	_____	Completion of Supervision Course
_____	_____	Completion of written comprehensive exams
_____	_____	Completion of oral comprehensive exams

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Completion of portfolio

Admission to Candidacy

Final Clinical Demonstration Prior to Internship

Completion of Off-Campus Internship

Completion of 1000 client contact hours

Completion of Dissertation

Exit Interview

Revised 2/18/15