



Masters of Arts in Counseling

Participant Consent

I, _____, agree to assist _____
(name of participant) *(name of graduate student)*
with his/her course assignment for _____. I understand that this
(name of course)
class is for training and the content of our discussions are an important part of its
function. I also understand that information I disclose while assisting with this project
may be used for educational and supervisory purposes and will be treated with respect
and confidentiality.

Participant Signature

Date

Messiah College Graduate Student Signature

Date