

Department of Counselor Education
Western Illinois University

Field Experience Disclosure Form

Student Name: _____
(please print or type)

I understand that withhithEducation. I certify that all information is falsification to 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

_____ I have incurred the following changes since my initial background check that was
(initial)