

Licensure Limitation Acknowledgment:

The Master of Arts in Marriage and Family Therapy (MA MFT) program at UMass Global is a unique and captivating program that offers a comprehensive academic curriculum and professional training geared to preparing students to become proficient and competent clinical practitioners. The curriculum is tailored to meet state regulated requirements that allow graduates of the program to practice as a clinical provider and if desired, to obtain licensure in their state of residence. However, it is important to note that some states simply do not accept a degree earned in an online environment and/or may require specialized accreditation or unique course/credit above and beyond the standard clinical degree plan. These requirements may hinder applications for licensure within these states. The MA MFT program administration frequently reviews the requirements for all states and makes the information available to all students on the [MA MFT State Specific Licensure Requirements webpage](#).

I hereby acknowledge that I have been advised and understand the state licensure limitations in the MA MFT program. While the program is designed to prepare me for clinical licensure, I understand that some states have additional licensure requirements, and I may live in a state that does not accept the UMass Global MA MFT degree for licensure. I acknowledge that I am aware of these possible limitations and understand that it is my responsibility to ensure that all licensure requirements are met for my state of residence.

Student Signature: _____ Date: _____

NOTE: Digital signatures is acceptable if this form is submitted via the email address listed on your application for admission.

Handbook Acknowledgement:

I hereby acknowledge the receipt of the 2021-2022 [Master of Arts in Marriage and Family Therapy Program Handbook](#). I realize that I am responsible for reading and understanding the Program Handbook, which contains many of the policies, procedures, rules, and regulations to which I will be subject. I further acknowledge that this Handbook supersedes and replaces any and all prior Student Policy Handbooks. I also understand that it is the intent of the Program Handbook to give me some idea as to the policies to which I will be subject, and that it is not a complete manual. I realize the policies shared in this Handbook may change from time to time.

Student Signature: _____ Date: _____

NOTE: Digital signatures is acceptable if this form is submitted via the email address listed on your application for admission.

Technology Acknowledgment:

I hereby acknowledge the receipt of the University's [Technology Policy](#) and recognize that I am responsible for reading and understanding the policy. Further, I attest to following all policies and guidelines outlined in the document.

Student Signature: _____ Date: _____

NOTE: Digital signatures is acceptable if this form is submitted via the email address listed on your application for admission.

MFT Clinical Handbook Acknowledgment:

I hereby acknowledge the receipt of the [MFT Clinical Handbook](#) and recognize that I am responsible for reading and understanding the policies and information embedded in the handbook. In addition, I attest to following all guidelines shared within the Clinical Handbook.

Student Signature: _____ Date: _____

NOTE: Digital signatures is acceptable if this form is submitted via the email address listed on your application for admission.

Please email the completed form to: apply@umassglobal.edu