

**VSCS Policy 101: Program Review & Continuous Improvement (PReCIP)**  
**5<sup>th</sup> Year Abbreviated Report**  
**MA in Counseling (MA-CSL) and MS in Clinical Mental Health (MS-CMH)**

**INTRODUCTION**

Vermont State University (VTSU) has two Master's level programs that offer graduate degrees in counseling, with concentrations in clinical mental health and school counseling. The two programs work closely together as a Counseling Department and are, therefore, submitting one joint report from the Master of Arts in Counseling (MA-CSL) and the Master of Science in Clinical Mental Health (MS-CMH). In both the MA-CSL and MS-CMH, the clinical mental health concentrations include an integrated approach to substance use counseling. The MA-CSL and MS-CMH have a shared mission and learning outcomes, require a minimum of 60 credits (the MS-CMH requires 63-66, depending on the location/state), and continue to work to align their curricula as possible, while serving adult learners in two distinct and highly accessible delivery formats. The School Counseling concentration, offered through the MA-CSL, is externally approved by Vermont's VSBPE and AOE, and is not a primary focus of this report.

The MA-CSL has been a program of VTSU-Johnson for over 37 years. It offers classes in an individualized, self-paced and diverse-format model, allowing students to choose the number of courses to enroll in per term, in a diversity of delivery formats – weekly evenings, weekend-intensives, and weeklong summer courses, and includes in-person, hybrid and remote synchronous options. The MA-CSL has concentrations in Clinical Mental Health, School Counseling and a dual concentration in both. A more detailed Program Description may be seen in the Degree Map folder.

The MS-CMH has been offered in Vermont for 30 years, first through Trinity College of Vermont and then through SNHU, joining VTSU-Johnson in 2018. The program is offered in an all-weekend format (classes meet one weekend a month, across the calendar year), either In Person in Williston or in a remote synchronous or hybrid format, as scheduled by the program. Students are accepted into a Cohort/Learning Community that follows a set schedule of courses over the 3 to 3.5 years it takes to complete the coursework. There are two specializations within the program: Integrated Mental Health & Substance Use Counseling for Children, Youth and Families or for Adults. The MS-CMH has been offered in several locations over its history. However, only students in current locations are the focus of this report - Vermont and Wisconsin. A more detailed Program Description may be seen in the Degree Map folder.

This PReCIP report is in one MA-MS Final Submission Folder, with four sub-folders: (1) Narrative, Program Assessment Matrix and Crosswalk; (2) Degree Maps & Milestones (Plans of Study, Program Descriptions, Course Lists, Sample Schedules), (3) Evidence (MOUs, Sample Forms, Signature Assignments, and Internship Placement spreadsheets) and (4) E-Series Forms. Each program is pre-approved as meeting the educational requirements for licensure as an LCMHC in Vermont, and the MS-CMH is additionally approved for the LPC in Wisconsin. It has been and has the future potential to be offered in additional states, which, among other

considerations, limits a complete alignment of the curricula across programs. The MS-CMH requires 63 credits in Vermont and 65 in Wisconsin, due to differences in licensure regulations. Both programs also cover the majority of the educational requirements for the Licensed Alcohol and Drug Counselor in Vermont (CSAC in Wisconsin). The pre-approvals (MOUs) will be discussed further below.

## **SECTION I: STUDENT SUCCESS AND RETENTION DATA REVIEW**

### **M.S.-CMH Enrollment and Retention**

The Fall 2024 enrollment data provided to the MS- CMH from Institutional Analytics indicated a headcount of 178 students, divided into the two program specializations (children, youth and families or adults), and into whether students began at NVU or VTSU. The program's own Fall 2024 headcount totals 180 students. The majority of students study full-time (6 credits per term, plus field placement and Master's Project courses). While students in the MS-CMH choose one of two specializations (Integrated Mental Health and Substance Use counseling for Children, Youth and Families or for Adults), students in the program take all but three courses (9 credits) together, out of the 63+ credits required for the degree. Therefore, we are reporting the total headcount for this section of the report. The majority of the students' locations are coded as "Williston" or "Other," but a few are coded as Johnson or Online students. For future data to be accurate, it will be important to understand how students are coded and at what stage of their acceptance and admission to VTSU.

In terms of retention, 10 students requested a Leave of Absence in the Fall of 2024: six for medical reasons, two for moving or travel, one due to a remediation plan, and one other. Five students exited, three to other VTSU programs and two due to a change in goals.

The data above, provided by the Advisor, demonstrates that retention is not a major issue. The majority of the MS in CMH students are adult learners, and it is not unusual, at the graduate level, for an adult learner to take a short leave of absence due to life events and challenges. However, the current VTSU forms do not allow a student to select a leave of absence rather than a full program exit. A form that allows this would make retention data more meaningful. Further discussion also is needed of the most accurate measures of retention at the graduate level.

### **MA-CSL Enrollment and Retention**

The retention rates for the MA Counseling program are very high. Only one student left the program due to moving out of state. The Fall 2024 headcount provided by the Institutional Analytics indicated a total headcount of 88 for the of MA CSL. Since many courses are shared by the School and Mental Health Concentrations, the School Counseling students are included in this count. Student headcounts are shown below, by program as reported by Institutional Analytics for Fall 2024:

J.CAG.CSL.GUI: NVU Counseling: School Counseling-Johnson (CAGS)	2
J.MA.CSL.CMH: NVU Counseling: Clinical Mental Health-Johnson (MA)	38
J.MA.CSL.GUI: NVU Counseling: School Counseling-Johnson (MA)	8
S.MA.CSL.CMH: VTSU Mental Health Counseling (MA)	29
S.MA.CSL.SCH: VTSU School Counseling (MA)	11

The MA-CSL headcounts are typically similar across the Fall and Spring Terms. Advising data (readily available to the MA-CSL program directors for Spring 2025) suggests these Fall 2024 numbers are low. Upon careful review of advising and enrollment data, our records indicate 35 more students in Spring 2025 than what the Fall 2024 analytics show, in spite of the fact that the MA-CSL closed admissions for Spring 2025. Clarifying headcounts, matriculated vs actively enrolled students, and so forth is a project the programs would like to undertake with Institutional Analytics in the next 5 year PReCIP cycle.

As of Spring 2025, the total headcount in the MA-CSL is 123 in the following Concentrations:

- Clinical Mental Health (CMH) 72
- School Counseling (SC) 27
- Dual CMH and SC 10
- CAGS 12
- Other- non-matriculated: 2

Prospective students in Slate: CMH-10; SC-3; CAGS-2

### **Narrative: Merger and Optimization**

**1. Challenges and Improvements resulting from Merger and Optimization processes:** Both the MA-CSL and MS-CMH sustained and grew enrollments, through the merger and optimization process. Both programs have strong admissions processes and advising, that contribute to student retention and success. In addition, the programs do most of their own recruitment at major MH and SU conferences. There was some initial concern that the MS-CMH, in joining the VSC, could compete for students with the MA-CSL. As a Department, the two programs have collaborated to increase options for adult learners, drawing on each program's strengths, resulting in a robust suite of Counseling programs, with 300+ students.

Several things happened over the course of the current PReCIP cycle, along with the merger and optimization, that may have affected headcounts/enrollments. Improvements and support:

- The pandemic occurred, and both programs began offering courses in synchronous online formats. Following the pandemic, both programs developed models for including additional formats (synchronous online in both programs, and F2F plus in the MA-CSL) to expand the programs' accessibility statewide, while keeping the in person focus important to our adult counseling students.
- Both programs benefited from legislative initiatives providing funding for Vermonters. During the pandemic, there were Critical Occupations scholarships for Vermonters who wished to become counselors. Last year, when that funding ended, VSAC offered a very well designed Mental Health Workforce Forgivable Loan program, offering loan forgiveness to Vermonters who agree to become licensed (a 3-3.5 year degree, followed by two years of post-master's practice) and then to work in mental health services in Vermont for an additional year for each year of tuition received – a minimum of about 8-9 years of service. The Loan Forgiveness program was funded for one year and has not

yet been renewed. VSAC reports that the program funded 111 students in FY 24 and 53 students in FY25. More than 350 others applied in FY25, who could not be funded.

- Based on that support for Vermonters to return to school, its flexible format and support from VTSU to grow, the MS-CMH grew from an average of 100 students enrolled per year to 180 in the Fall of 2024, and from one or two Vermont cohorts studying at one time, to 8 -10 cohorts of students. Together with the MA in Counseling, which serves 120+ students, VTSU now serves 320+ counseling graduate students per year. The enrollment growth over this period of time demonstrates the interest in the counseling profession and the ability of the VTSU programs/accessible formats to meet that need.
- The MA-CSL and MS-CMH have been working together informally, since the MS-CMH joined NVU. As part of the Merger and Optimization, the VTSU allowed the programs to formalize that relationship, as the Counseling and School Psychology Department.
- Both programs have their own budget lines. The MS-CMH has had this from the time it joined the VSC and was allowed to keep it, which allowed the flexibility to add course/sections and PT faculty to meet program growth. The MA-CSL was given a budget line as part of the Merger and Optimization.
- The VTSU indicated its intention to support Graduate programs by developing an Office of Graduate Studies and creating the role of Graduate Dean.
- The programs have a dedicated admissions specialist within admissions, which greatly streamlines the application process. The programs proactively schedule Information Sessions with Admissions and share updates with workforce partners, to attract new students year round.
- Since the MS-CMH joined VTSU in 2018, it has had two Program Directors and a full-time administrative assistant. The support of that administrative assistant allows the program to assist students with registrations, monitor enrollments and budget, develop schedules and rapidly add new course sections to meet student demand, maintain student resources such as a Canvas site and consistent Canvas course set up, and support the program to recruit at major mental health and substance use conferences, and more.
- The new VTSU prioritized marketing for the MS-CMH in 2025. Additional marketing materials were created for VT, and marketing materials for WI are on the list for development. This will be essential, if the program is to maintain its potential for out-of-state sites. Marketing in VT benefits both Counseling programs.

#### Challenges:

- The rapid growth in the MS-CMH supports the need for additional Advising Support (requested and allowed, but which will need ongoing attention). There is a need for additional Internship support and coordination across programs, which the programs will continue to address and develop a request for in the next PReCIP cycle as they work to align fieldwork paperwork and processes and collaborate with workforce partners.
- The MA-CSL submitted a proposal for a new Full-Time Faculty position, that was denied, due to the number of VTSU immediate faculty needs. This will be resubmitted.

- The MA-CSL has an ongoing need for additional advising and administrative support. The program had temporary part-time faculty support, for advising and program-level admissions (applicant reviews/interviews, etc.) and intends to request this as a permanent resource, rather than on a year-by-year basis. In addition, the program will evaluate current and future administrative needs, to support the large number of current students and enable ongoing growth.
- Marketing support for the out-of-state sites has been difficult to obtain, and the Merger and Optimization set some other immediate priorities. The MS-CMH is now only offered in VT and WI. Maintaining its WI site and perhaps re-growing out-of-state sites will require marketing support - made possible recently and hopefully to continue.
- The merger and optimization created great stresses in terms of rapid changes in systems and processes. A tremendous amount of work has been done, including designing graduate-level forms with the Graduate Dean. However, many systems remain that are designed primarily for undergraduate students – e.g., the exit form noted above which does not allow for a leave of absence; registration timelines and processes, and more.

The only other challenges from Optimization are some errors in program descriptions that remain to be corrected through Curriculog (e.g., the titles of the Specializations in the MS-CMH.). The need for better systems and resources will be discussed, as they relate to Counseling Department priorities in the Continuous Improvement Plan summary for this report.

## SECTION II: STUDENT OUTCOMES AND ASSESSMENT PLAN

One of the first actions taken during this PReCIP cycle was to align, and later update, the Mission and Student Learning Outcomes across the MA-CSL and MS-CMH (included here). The mission strongly reflects VTSU's commitment to accessible, career-focused education.

**Shared Mission:** .... to prepare clinical mental health/professional counselors to work in community and private practice settings, in order to promote individual and community wellness, resilience and recovery. The programs ... are designed to be highly accessible to working adults and to encourage a diverse group of students, including people currently working in the field, people in recovery and family members, as well as the general public. Through the cohort model, students develop a strong learning community, during the graduate program and beyond, as lifelong learners and leaders in clinical practice, policy and administration.

**Shared Learning Outcomes** (developed in Year 1. Updated in 2022), may be seen [here](#) and are discussed in detail in the report Narrative.

### Attachments:

- Degree Program Map and Milestones.** Graduate Counseling students do not follow a typical undergraduate degree map, with students following the same course sequence per year. The MS-CMH is offered in a Cohort model, and students are given a Cohort Schedule, which outlines all coursework over the full 3-3.5 years required to complete the program. The Cohort Schedule equates to the student's Plan of Study. In addition,

students receive a Student Manual and the Graduate Catalogue, which outline prerequisites, degree requirements, etc. Grade requirements are included on every syllabus. For this section, the MS-CMH is including: expanded Plans of Study for Vermont and for Wisconsin, including pre-requisites, degree requirements, etc. and a sample schedule for a VT Cohort.

The MA-CSL, has provided a sample Plan of Study, to illustrate the Degree Map and Milestones. Students have flexibility in when they enroll in courses term by term.

Also included are full MA-CSL and MS-CMH Program Descriptions and Course Lists.

**B. Curriculum and Learning Outcomes Crosswalk**

**C. Program Outcomes Assessment Matrix**

**D. E-Series Forms:**

**E-Series A: MA-CSL.CMH & MS-CMH; E-Series B: School Counseling**

### **SECTION III: PROGRAM REVIEW**

The Counseling programs' most recent review and improvement efforts are discussed below, organized by each shared Learning Outcome.

**Learning Outcome 1: Knowledge.** There are several key strategies employed by most graduate counseling programs to assess students' knowledge. The Program Directors and Faculty for the MA-CSL and MS-CMH utilized:

- Research on licensure rates of alumni
- Student Self-Reflection on their learning
- External reviews of the curriculum
- Student Capstones and Signature Assignments

It should be noted that there is much overlap of Learning Outcomes, and the data from each informs the others. This first is perhaps the most comprehensive in scope.

**Licensure:** The following overview is important as a context for the licensure data. Graduates of the MS-CMH and MA-CSL may apply to be licensed as Clinical Mental Health/Professional Counselors and/or Alcohol and Drug Counselors. Licensure requires: meeting the educational requirements, passing national exams, and at least two years and up to five years of post-master's supervised practice (3,000 hours). Therefore, the rates of licensure achieved are both a direct (national exams must be passed) and indirect measure of student learning.

Researching licensure rates is a large task, for several reasons, including: alumni may work in the field without being licensed or may wait several years to apply; the process takes a minimum of three years and up to five years, even for those that apply immediately; alumni do not necessarily let the program know when they have been licensed; alumni may move to other states and be licensed there, rather than in Vermont.

One advantage that both programs have is [Memorandums of Understanding \(MOU\)](#) with the Vermont Allied Mental Health Board. The Board has reviewed each program's curriculum and found it to meet the educational requirements for the LCMHC (Licensed Clinical Mental Health Counselor). When alumni apply to be licensed, the program provides Attachment E to the Board, which documents the applicant's education (Attachment E is referred to as Attachment A in the

MOU). This gives the programs data on alumni that are working towards licensure. Both programs also meet the majority of the educational requirements for the Licensed Alcohol and Drug Counselor in VT (LADC), although that board does not pre-approve programs.

The MS-CMH also is pre-approved as a 60+ credit program meeting the educational requirements for the LPC (Licensed Professional Counselor) in Wisconsin (page 14, at this link: <https://dsps.wi.gov/Documents/LPCApproved60CreditPrograms.pdf>). Alumni in Wisconsin apply first to be Counselors in Training (CIT), which includes a review of educational requirements. In the area of substance use counseling, alumni may apply for the CSAC certification.

**Data collected:** The program directors and PT faculty researched alumni licensure by: (1) gathering a list of Vermont and Wisconsin graduates from 2018 through 2022 (it takes a minimum of 3 years to be licensed); (2) researching each alumnus by name on the VT Allied MH Board lists of LCMHCs and LADCs or the WI DSPS lists of LPCs and CSACs; (3) compiling a list of alumni for whom Attachment Es have been sent to the Vermont Board or who are listed as CITs in Wisconsin. In Vermont, non-licensed psychotherapists must be on a roster. Researching the roster would show a significant additional percentage of alumni working in the field.

The MS-CMH joined NVU/VTSU in the Fall of 2018, and their graduates between 2018-2022 were in several states. **The MS-CMH reviewed data for 96 Vermont and WI alumni in that timeframe. Seventy-seven percent** of those alumni are either fully licensed or working towards licensure. Of the 77 percent, 27% currently are fully licensed and the remaining 50% have applied, had their education accepted, and are completing the final post-master's requirements (exams and post-master's supervised practice). This is an excellent result.

**Of 123 graduates in the MA- CSL in the same timeframe, fifty-six percent** are currently fully licensed or working towards licensure. Of that 56%, 35% are fully licensed, and the remaining 21% have had their education accepted and are completing the post-master's requirements. Again, this is an excellent result, as explained below.

The licensure percentages for both programs are excellent, considering that the full licensure process takes a minimum of 3 to 5 years after applying. Also, this data is looking at graduates early in their career, and licensure is not required to work in mental health at the Master's level. The licensure rates would likely be much higher, should we look at earlier graduates of the programs. The data also is influenced by the need to look up the licensure for each individual alumnus on the licensing board websites, and that we only researched alumni licensed in Vermont and Wisconsin (i.e., some alumni may have moved/are licensed in other states).

### External Reviews:

- **MOUs and pre-approvals:** The VTSU graduate programs in Counseling do not have disciplinary accreditation through the Council on Accreditation of Counseling and Related Educational Programs (CACREP), as it is an expensive accreditation for small schools. However, licensing boards base their educational requirements on the CACREP standards. As mentioned earlier, both the MA-CSL and MS-CMH have MOUs with the VT Allied MH Board, pre-approving their curricula as meeting the educational requirements for the LCMHC. These [MOUs](#), renewed biannually, may be seen in the Evidence Folder. In addition, the MS-CMH is pre-approved as a 60+ credit program by the Wisconsin DSPS, and

listed on page 14, here: <https://dsps.wi.gov/Documents/LPCApproved60CreditPrograms.pdf>). The curriculum review process is comprehensive and time intensive. Both programs were well reviewed based on the current curriculum, and no revisions were requested.

### Exam Questions

- **NBCC review and Approval:** Until January, 2025, non-CACREP accredited programs were allowed to qualify for students to take the National Counseling Exam in the last terms of their graduate program, based on approval of the curriculum by the National Board for Certified Counselor's credentialing arm). The MA-CSL and MS-CMH applied jointly and were approved. However, in addition to being only a short-term option, this did not prove viable for students. Students were required to apply to become Nationally Certified Counselors (NCCs) in order to take the exam before graduation, which is more costly than applying directly through the Vermont or Wisconsin boards, and the NCC would not release their scores until they were fully licensed. The NCC also does not replace state-level licensure. Only two students applied for the NCC, and both passed the NCE exam.

As part of the current PReCIP cycle, both graduate programs in counseling piloted a shared set of practice exam questions in several courses, to replace the full exam above. This was discontinued as a programmatic effort, as it works best when individual faculty in designated courses choose the practice questions that best fit their courses/teaching. Individual full and part-time faculty continue to use practice exam questions, as part of their pedagogy. As noted in the Program Assessment Matrix, in the next PReCIP cycle, program directors will survey the full and PT faculty on how/when they use practice questions in individual courses, and will use that data to evaluate this approach for individual student and program assessment.

**Student Self-Rating:** The MS-CMH has had a longstanding practice of collecting a Student Satisfaction Questionnaire (SSQ) in the last term before students graduate. It has been an excellent tool for continuous program improvement. This year, the MA-CSL also adopted and adapted the SSQ. Also, as an additional, though indirect, measure of the Student Learning Outcomes, both programs added a set of questions asking students to rate themselves in the following areas, based on the 5 Shared Learning Outcomes. Although the questions address *all* learning outcomes, we are discussing the results here. Students were asked:

“As a graduate or soon-to-be graduate, please reflect on your professional development as a counselor. How confident do you feel in the following areas:

- Confident, as a new Masters-level Clinician
- Somewhat Confident
- Not very sure of my knowledge or skill in this area
- Not Confident

The areas students were asked to rate were:

1. Knowledge of Counseling theories (related to LO1).
2. Knowledge of clinical approaches and practice (LO1 and 3).
3. Interpersonal skills: ability to communicate effectively with clients & colleagues (LO2 & 3).

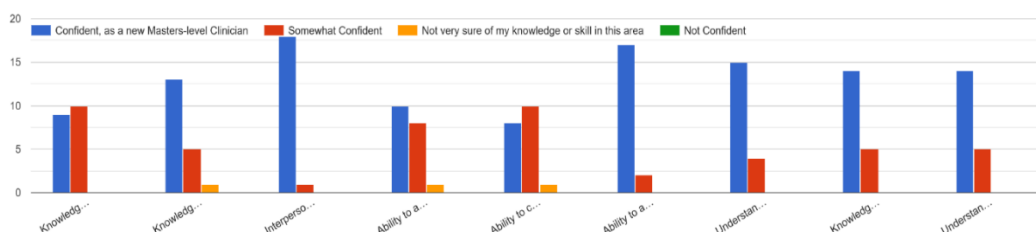


4. Ability to apply/implement clinical approaches in working with clients (LO2 & 3).
5. Ability to critically analyze the research literature on emerging areas of practice (LO5).
6. Ability to apply professional ethical principles when making decisions as a counselor (LO4).
7. Understanding of when and how to best use clinical supervision (LO2, 3, 4, 5).
8. Knowledge of systems affecting MH services and principles of systems change (LO5).
9. Understanding of the principles of organizational leadership (LO5).

**MS-CMH results:** Nineteen students responded to the survey, out of 26 upcoming graduates (73%). As seen in the bar graph below, overall, students felt confident or somewhat confident in *all areas*. Students felt most confident in areas 3, 6 and 7: interpersonal skills, applying ethical principles and use of supervision.

Students rated themselves somewhat confident in areas 1, 4 and 5: counseling theories (a class typically taken near the start of the program), applying their knowledge of clinical approaches (perhaps appropriate in their early development as a counselor), and critical analyses of research.

As a graduate or soon-to-be graduate, please reflect on your professional development as a counselor. How confident do you feel in the following areas:



At the same time, when asked open-ended questions about their greatest areas of growth while in the program, students most frequently mentioned: clinical skills; counseling theories, and a combination of understanding the person, diagnosis and assessment, and cultural competence.

In support of this being an accurate reflection of themselves as new counselors, areas students would like to see enhanced in the curriculum included counseling theories, more role playing and practice, more on trauma-informed care and on systemic oppression, and information on beginning a private practice. A sample of the full SSQ may be seen in the Evidence Folder, under [Forms](#). Student feedback on other aspects of the program (course delivery formats, internship support, advising, etc.) also is used for Continuous Program Improvement.

## MA Counseling results:

As a graduate or soon-to-be graduate, please reflect on your professional development as a counselor. How confident do you feel in the following areas:



MA results: 16 students out of 19 students (84% response rate) enrolled in the seminar/internship course completed the survey. Overall, the feedback results were highly favorable with all students reporting confident/mostly confident in relation to all areas. Students felt most confident in areas 3, 5, 6, 7: interpersonal skills; critical analysis of research; ethics, and use of supervision.

Students rated themselves somewhat confident in areas 1, 4, 8 and 9: counseling theories, applying knowledge of clinical approaches (appropriate in their early development as a counselor), knowledge of systems & systems change, and organizational leadership.

Students open-ended responses expressed interest in the following topics: more classes on diagnosing/assessment as well as specific classes working with children/adolescents; Support in treatment plans and notes; business aspects of a clinical mental health provider such as insurance paperwork, diagnosis, notes, financial/bookkeeping.

No immediate areas for improvement were identified, given students overall positive self-reflections. However, the survey results support the Program Directors' priorities for the next PReCIP cycle under Learning Outcome 5-Organizational Leadership and Systems Change, to assess how and where this content is Introduced, Applied and evaluated for Mastery in both programs, with somewhat more emphasis in the MA-CSL (since the MS-CMH has a dedicated Organizational Leadership course), and to prioritize content in supervision and organizational leadership (e.g., the business aspects of counseling practice) for addition and evaluation.

**Academic Excellence:** A 3.0 GPA is required at the Graduate level, and there have been no academic dismissals in either program, in the timeframe of this report. Both programs have a comprehensive admissions process, which includes review of applicants' transcripts, professional and academic references, an essay addressing career goals, resume and interview. The upcoming VTSU NECHE review provides an opportunity to review the graduate standards in current requirements, noting that both programs have met the standards in past reviews.

**Capstone:** In the MA-CSL all graduate students enrolled in the Clinical Mental Health track, or the Dual track (which includes both clinical mental health and school counseling) are required to take the **Comprehensive Exam** at the end of their program. A Sample Comprehensive Exam may be seen in the Evidence Folder - [Sample Forms](#). All 13 students who registered for and took the exam in Spring 2025 successfully mastered and passed the assignment.

The MS-CMH requires a Masters Project (CMH 6905), in which the students become experts in a chosen topic. The Masters Project is a 30–50 page paper, with at least 20 primary sources, a critical analysis of the literature, and incorporating feedback from a second reader familiar with the topic in the field. Students formally present their projects to their Cohort/class. A sample Masters Project Syllabus may be seen in the Evidence – [Sample Forms](#), and a sample Master’s Project and a list of recent Topics may be seen in the Evidence -[Signature Assignments](#). CMH 6905 is designed to follow CMH 6655-Research and to be taken over two terms, allowing students to develop the project in a carefully outlined sequence, with instructor feedback. The format is designed to facilitate students’ completion (vs a thesis), and all students enrolled for the first time in 2024-25 completed the course with a passing grade. There have been one or two students who have had difficulty completing the project in past years and continue to be challenged, and the program is working with them to identify barriers. Overall, the program directors found the list of topics relevant at the graduate level; the model Masters Projects met all the criteria outlined above. No changes in curriculum are planned, unless areas for improvement are noted by instructors or if the pass rate changes for future students. The program will continue collecting topics/examples, and survey faculty for curricula updates in the next PReCIP cycle.

### **Learning Outcome 2: Counselor Disposition**

Graduate Counseling programs are expected to assess students in the areas of Knowledge, Skills and Counselor Disposition. Counselor disposition addresses the areas of counselor development that are less academic and related to the characteristics, traits and professional behaviors that are important for effective practice. In 2020, the MA-CSL and MS-CMH created a joint Counselor Disposition Assessment (CDA), which may be seen in the Evidence-Sample Forms Folder. The CDA has been used both for continuous program improvement and to monitor individual student growth and progress. An example of how the data may be summarized and used (from the 2020 report) may be seen in the Evidence-[Sample Forms](#) Folder.

The CDA is collected from both students and faculty in CMH 6105-Helping Relationships and Clinical Counseling Techniques and MA-CSL 5030-Lab Experience in Counseling 1 and MA-CSL 6820-Internship. These are courses that address basic counseling skills. Faculty provide feedback to students in those courses, and may recommend areas for improvement, in advance of students beginning their field placements.

Aggregated data from the CDA is used for program improvement. To give an example, in Year 2 of this PReCIP cycle (2020), the MS-CMH students identified multicultural competence as an area for improvement. Based on that finding, the MS-CMH Program Directors and Part-time Faculty chose a Common Book, used across all classes and cohorts for discussion. The 2020 Yearly Learning Outcomes Assessment Report may be seen in the Evidence-[Sample Forms](#) Folder. Student Self-Reflection on the 2025 SSQ does not indicate cultural competence as an ongoing area for attention, but as a strength.

Based on ongoing analysis of the CDA data and going forward, the CDA has proven a valuable assessment of individual student development. Two additional recommendations for Continuous Improvement have been implemented over the current PReCIP cycle and will continue:

- An option for a Remediation Plan was added to the assessment. Most commonly, the Remediation Plan alerts a student to areas to be addressed before field placements begin. This is rare, but important. The Remediation Plan also may be used in instances in which a problem arises in a field placement. In the five years that this report spans, the MA-CSL has had no students terminated and the MS-CMH has had 4 students terminated from field placements:
  - 2 students successfully remediated the issues identified and successfully completed subsequent field placements. The Remediation Plan for one of those students resulted in the program adding additional content on Competence/Scope of Practice to the graduate programs' Ethics courses (CMH 6665 and CSL 5140).
  - 1 student currently is working on the remediation recommendations.
  - 1 student was advised to transfer to a non-clinical Masters at VTSU, which they have successfully completed.
- In 2024-25, as an additional Continuous Program Improvement, the CDA was integrated into the Final Evaluations for all MA-CSL and MS-CMH Field Placement (Practicum and Internship) classes. This was based on both programs' analysis that the CDA is a valuable tool for assessing individual student progress and growth, and the programs' desire to have an assessment to follow students' CDA development as they progress from early counseling skills courses through fieldwork. It creates the possibility of some analysis of individual student's progress, to be considered in the next PReCIP cycle. For samples of those aligned Final Evaluations see the Evidence-[Sample Forms](#) Folder. Going forward, this will allow for monitoring student progress across their time in the programs and at the point of graduation.

### **Learning Outcome 3: Counseling Skills & Practice**

The types of evidence used to assess this Learning Outcome and implement continuous improvement include: (1) the *Final Fieldwork Evaluations* of students, on which students must demonstrate a level of mastery of counseling knowledge, skills and disposition, in order to Pass the field work courses; (2) *partnerships* with public and private mental health agencies, demonstrated by collaboration and coordination around reducing barriers and improving the fieldwork experience; (3) incorporation of *feedback from those external constituencies/partners* for program improvement, and (4) incorporation of *feedback from alumni*, to improve access to fieldwork records. The analysis of these sources of evidence and changes implemented during the current PReCIP cycle and priorities for the future are discussed below.

**Mastery-level counseling practice**, as measured by *Final Fieldwork Evaluations* and reflected in grades: To successfully graduate from the VTSU Graduate programs in Counseling, students must successfully pass all fieldwork courses CMH 6155-Practicum, CMH 6505-Internship I and

CMH 6625-Internship II or CSL 6880-Mental Health Seminar and Internship), with grades/ratings reflecting a Mastery level of clinical skills on the Final Evaluations.

As noted above, almost all students have Passed their fieldwork courses over the timeframe of this report, with no MA-CSL and only four MS-CMH students terminated from a fieldwork placement. Of those four, two remediated the issues successfully; one remains in remediation, and one successfully transferred to another VTSU program that was a better fit. For the future, as noted in the Program Assessment Matrix and in the CIP summary at the end of this report, the programs may wish to look at the student rating in specific areas of the Final Evaluations in more detail and/or as a measure of individual student progress over time.

In addition to the Final Evaluations, both programs have methods for direct observation of student skills and practice while in field placements, the information from which is incorporated into the final grade. The MA-CSL includes case analyses and presentations in seminar - Case Conceptualization Outline included in the [Sample Forms](#) Folder; the MS-CMH includes Observed Sessions, rated by the placement supervisor, included in the [Sample Forms](#) Folder. In the next PReCIP cycle, the two counseling programs will continue to evaluate the strengths of each program's processes for observation and consider further alignment.

**External: Partnerships and feedback from external constituencies:** The graduate programs in counseling at VTSU have a long history of collaboration with the public mental health system in Vermont. This year, the Program Directors were invited to participate on a planning group with Vermont Care Partners, which represents the state's Designated Agencies, for a webinar focused on promoting partnerships with higher education, to improve graduate students' and agencies' fieldwork experience and grow the public mental health workforce. This collaboration will continue.

The types and ranges of fieldwork sites also demonstrate the statewide impact of both graduate programs in counseling on the public and private mental health workforce. See the Evidence Folder for lists of current placement sites for each program ([MOUs & Internship placements](#)). The programs found the range of sites diverse, comprehensive in the opportunities they provide, and well distributed geographically across Vermont. However, advising, instructor and site feedback suggests the need for ongoing outreach and coordination, to serve the Counseling programs large number of students in a small state, to reduce the barriers on site, and to encourage graduates to join both the public and private workforce, to best serve Vermonters with mental health and substance use challenges. This is described further below.

One piece of feedback from field placement sites, through the faculty/instructors and in communications with the program directors, was that the paperwork and documentation for the MA-CSL interns was simpler and more efficient to use than that in the MS-CMH. Therefore, the MS-CMH, while integrating the CDA into its final evaluation, also aligned the evaluation content and format with that of the MA-CSL. Samples of Final Evaluations for field placements may be seen in the Evidence-[Sample Forms](#) Folder.

Additional needs identified by the Partnership planning group: understanding the supervision needs of different health and mental health professions, compensation for site supervisors, ongoing streamlining of communications and processes for application, placement and evaluation of interns. The VTSU graduate programs in counseling have a high need for additional outreach, coordination and support for sites, given the large number of students seeking placements, and this also was a need identified by the Partnership group. In the next PReCIP cycle, the programs will continue to align processes, examine current structures for outreach and support, remain in collaboration with workforce partners to understand their top priorities, and prioritize and propose needed resources to the VTSU, as outlined in the Program Assessment Matrix.

**Alumni support and feedback:** Once students graduate, they often request help with licensure in Vermont, Wisconsin and other states. Complete paperwork from past field placements is often hard to locate or missing a key piece of information. In response to these alumni requests, in the current PReCIP cycle, the MS-CMH created a simplified Summary form documenting each internship completed, in terms of focus, internship hours (direct and indirect), supervision (group and individual), and credentials of the supervisor(s) (education, licensure, experience). Finding a way to attach this form to the student record is an important priority at this time. Given the changing systems since the merger, the VTSU has not been able to respond to this request, and new student record systems again are under development. Therefore, in the interim and as part of the next PReCIP cycle, the programs will pilot a Teams or OneDrive site for storage. Supporting alumni, as they pursue licensure, contributes to the programs' credibility in the field and ongoing connections with alumni. A Sample of the MS-CMH Summary Documentation of Hours Form may be seen in the Evidence-[Sample Forms](#) Folder.

#### **Learning Outcome 4: Ethics**

In Year 3 of the current Program Assessment process, the MA-CSL and MS-CMH focused on the Learning Outcome related to professional Ethics. Syllabi for CSL-5140 and CMH 6665 were reviewed, and the programs implemented a shared Assignment, which included a Case Analysis and development of a Personal Code of Ethics. The programs also developed a shared Rubric/Assessment Template for evaluating the assignment. Sample Syllabi and the Ethics Template for evaluating the Personal Code of Ethics Assignment may be seen in the Evidence-[Sample Forms](#) Folder. Signature Assignments from students may be seen in the Evidence-[Signature Assignments](#) Folder. The analysis of this Learning Outcome, including student assignments and the assessment itself, is discussed below.

In addition to creating the shared assignment and assessment, the faculty updated and refined the Ethics courses, based on:

- learnings from the student Counselor Disposition Assessments and Remediation Plans discussed earlier in this report (e.g., one student misunderstood “competence to practice,” and additional content on scope of/competence to practice and disclosure statements was added to the courses) and
- Faculty Work Groups on emerging ethical issues (e.g., related to telehealth and AI).

Learning Outcome 4, Ethics, also was identified in our shared Matrix as a focus of analysis in Year 5. Since several full-time and part-time faculty teach the Ethics courses, one part-time faculty member, with particular expertise in professional ethics for counselors, volunteered as part of our robust PT Faculty meetings and inclusion in this process, to use the Rubric/Assessment created and rescore 20 student assignments (10 from each program). The Rubric asks the rater to evaluate the student's assignment on a scale of 1 to 5, with 1 being "early in development" to 5 being "mature and fully developed." The middle "3" rating (initially called "in progress") was redefined to mean "Satisfactory, for a Master's level Counseling student." Any area not covered was rated zero.

Findings for both programs were similar. Student submissions were:

- Well-informed by the professional ethical codes (autonomy, non-maleficence, beneficence, justice), with the average of MS-CMH ratings ranging from 3.2 to 4.1, and MA average ratings ranging from 3.7 to 4.2.
- In the MA-CSL, the personal codes of ethics were particularly well-informed by the codes related to Autonomy; in the MS-CMH, the personal codes of ethics were particularly well-informed by the codes related to Nonmaleficence and Beneficence. This may be related to student or instructor differences, but all were rated highly.
- The submissions were rated highly on "Clearly Articulated" (4.0 to 4.4 average across programs), Personally Relevant (4.3 to 4.7 average across programs), Comprehensiveness (3.8 to 3.9 average) and Complexity and Depth (3.7 to 3.8 average). There was no consistent finding related to whether students were in the MA-CSL or MS-CMH.
- Other findings were related to errors in the design of the Assignment and Assessment/Rubric. While the Assessment asks the faculty to rate submissions in the areas of Informed Consent, Confidentiality, and On-line counseling, the case analyses or ethical topics assigned did not necessarily include cases in which those issues were salient (or even present). Hence, students did not necessarily speak to them.

Observations and recommendations:

- Overall, students have an excellent mastery of the professional ethical codes, appropriate to master's level Counseling students.
- An interesting observation of the faculty rater was that students have not yet fully assimilated the difference between personal values and professional values. This is a skill that matures with professional development.
- In the future, include opportunities to discuss case implications in terms of professional values and personal values and highlight the difference between the two in terms of our responsibility as professional counselors.
- Continue the faculty Work Group, focused both on emerging issues and on the key ethical codes that should be reflected in a revised Syllabus, Assignments and Rubric/Assessment. Be aware that some topics (like the impact of AI) may be added to the syllabus, but not necessarily to the Rubric. The Faculty Work Group also noted that ethics is covered



across the programs, in many courses, and a comprehensive review of how, where and what is covered and evaluated would be an excellent future priority.

### **Learning Outcome #5: Leadership and Systems Change**

The curriculum of the MS-CMH has a more explicit thread of leadership and systems change (in: CMH 6005-Overview of Mental Health Counseling; CMH 6215-Treatment Planning, which includes community resources; CMH 6655-Research; CMH 6705-Organizational Leadership and Systems Change and CMH 6905-Masters Project). However, this area is a strength for both the MS-CMH and MA-CSL. In lieu of a Masters Project the MA-CSL has the Comprehensive Exam as a Capstone. This section will first address student and alumni outcomes, and then ways in which the programs encourage and model leadership and systems change. The programs both found this to be an area of strength based on indirect data and signature student assignments. Given that the PReCIP process was disbanded for part of the current cycle, this Learning outcome was chosen as one that could be delayed for more formal evaluation and assessment in the next cycle. The findings from this year's SSQ (students' request for additional content on supervision, organizational leadership and systems change, and the business of clinical practice) informed this section and inform the ongoing work outlined in the Program Assessment Matrix for the next CIP cycle. In addition, the workforce partnerships noted below are a major source of input for the programs, in maintaining a state-of-the-art curriculum and in prioritizing future areas for curricular improvements (see CIP).

#### **Student Outcomes:**

**Capstones:** The MA-CSL Comprehensive Exam and MS-CMH Masters Projects were discussed previously under Learning Outcome #1. For Syllabi and Templates, see Evidence –[Sample Forms](#) Folder. For student Signature Assignments, see Evidence-Signature Assignments. Included is a list of MS-CMH Masters Project topics in the 2024-25 academic year, and one Masters Project in full.

The MS-CMH also requires a Community and Systems Change project in CMH 6705-Organizational Leadership and Systems Change. Instructors for CMH 6705 report, and analysis of two [Signature Assignments](#) confirms, that the student systems change projects in this course demonstrate: knowledge of community and systems change processes, ability to gather data from the research literature and key stakeholders, good critical analyses of the data, and excellent proposed community change projects. More formal assessment to be considered (see CIP).

**Roster:** In compiling the data on alumni who have achieved licensure, the programs found an additional significant percentage of alumni on the Roster in Vermont. Vermont is unique, in that the Allied Mental Health Board requires non-licensed psychotherapists to be on a Roster and provide a disclosure statement related to their education and experience to clients. This suggests that many alumni are working in the mental health field, whether or not they currently are licensed. That is supported by Employment Data collected at the point of graduation.

**Employment Data:** The MA-CSL and MS-CMH also collected data on an Employment Survey from upcoming graduates, with questions on their current employment status, plan to pursue



licensure and other positive outcomes due to receiving their Master's degree, such as new jobs, promotions or pay increases. From the MS-CMH, ten new alumni responded. All 10 are working in a Mental Health setting: five in public mental health, one in a substance use agency, two in private practice and two in school/college settings. All 10 plan to apply for licensure as LCMHCs; at least two more also plan to apply for the LADC. From the MA-CSL, 16 new alumni responded. Fifteen are currently working in Mental Health Settings: eight in public mental health, five in private practice, one in a substance use agency, one in a school setting, and one other. Fourteen plan to apply for licensure as an LCMHC and three for the LADC.

***Professional Organizations and Development:*** all graduate students are encouraged to join and participate in the American Counseling Association (ACA), American Mental Health Counseling Association (AMHCA) or American School Counseling Association (ASCA). Students must join before beginning field placements, with one advantage being additional free liability coverage while in internships. This is intended as part of the programs' encouragement of professional participation and growth and will continue. The programs will consider adding questions on the benefits of the various organizations on future SSQs, in the next PReCIP cycle.

***Alumni Accomplishments:*** Both the MA-CSL and MS-CMH have many alumni in clinical, academic and administrative leadership positions. For example:

***Administration and Policy:***

- o The previous two Commissioners of the Vermont Department of Mental Health (before the current Commissioner) were VTSU Counseling graduates: Sarah Squirrel, MS, now head of the Division of Behavioral Health in Maine, and Melissa Bailey, MA.
- o Since the MS-CMH has had multiple delivery locations, it also has had alumni in similar positions in other states:
  - o WI: Mary Jo Meyers, Chief of Staff for Milwaukee City-Executive Elect, formerly Director of Milwaukee City Department of Health and Social Services and interim Director for the Department of Aging, Director of Children's Mental Health Services and Wraparound Milwaukee
  - o AK: Farina Brown, Anchorage Mayor's Special Assistant on Homelessness & Health (Sept 2024); previously Rasmuson Foundation's homelessness initiatives, Deputy Director, AK Division of Behavioral Health, also Akeela, Inc and ED of Alaska MH Consumer Web ( a nonprofit that offers computer access, support for recovery from substance abuse and mental health issues, housing and employment services, and peer mentoring.)

***Academic Excellence: Alumni who pursued or are pursuing Doctorates:***

- o **MA-CSL:** Tammie Colburn Consejo, also PT Faculty at VTSU; Ariel Goodman, Assistant Professor of Counseling at Western Virginia Wesleyan University; Zachary Key, UVM
- o **MS-CMH:** Laura Clemmons, MS, Ed.D., Health Sciences Disability Coord., UVM, and VTSU PT faculty

***Additional Examples of Alumni who are Part-Time Faculty at VTSU:***

- o Bethany Goss, MS, Howard Center, Director of Client Care & Coord., former Clinical Director, Developmental Services, Program Director, Family and Community Programs
- o Tracie Carlson, MS, NFI, Program Director of Community Supports
- o Julian Cesner, MS, NFI, Asst Program Director of Community Supports
- o Frank Simac, MS, LPC, CSAC, ICS, Director of Behavioral Health, School Based Mental Health Program (WI)
- o Allison M Poritz, MS, LPC, SAC, ICS, Co-occurring MH and SU Therapist, Oneida Behavioral Health, Oneida Nation (WI)
- o Lisa Vasquez, MS (guest presenter), now with NH Charitable Foundation, former Behavioral Health Strategist, Nashua Division of Public Health Services, recognized in 2024 by the Prevention Board of NH (first Latina to receive the award); “Speaking Our Mind” podcast, conducted in 5 languages.

The MS in CMH has many additional scholar-practitioners as faculty, at the Masters and Doctoral level.

**Program Leadership:** The graduate programs in Counseling model Leadership and Systems thinking in several ways:

**Faculty:** Blagorodna Nori Efremovski, MA, LCMHC, LADC is the Program Director for the MA-CSL clinical mental health track and a VTSU alumnus. She has a part-time private practice and variety of additional clinical certifications (CCTP- Clinically Certified Trauma Professional, CST - Certified Sex Therapist, and VT PGS -Vermont Problem Gambling Specialist). Nori uses her expertise in the field to enrich the courses that she teaches and is planning in the future to create a certificate path for Sex Therapist certification and Problem Gambling certification.

Maureen Stewart, Ed.D., NCC/NCSC. Program Director for the MA-CSL School Counseling concentration created a Certificate of Advanced Graduate Study in School Counseling, which has great potential to serve alumni and the Vermont community.

**Program Assessment:** As noted earlier, the graduate programs in counseling both have adopted a version of the MS-CMH Student Satisfaction Questionnaire. Collected annually, it models using student feedback for program improvement. This year’s SSQ results included a high response rate from upcoming graduates (73% for CMH, 84% for CSL), a high level of satisfaction with both programs (100% were satisfied with the MA-CSL and reported it met their expectations Extremely or Very Well; 95% of respondents were satisfied with the MS-CMH and reported it met their expectations extremely or very well. One respondent was only “slightly satisfied” with the program and felt it did not meet their expectations. However, a higher percentage were Extremely satisfied.

The SSQ also provides input and feedback on advising, instruction, internship support and current and future delivery models, as well as the opportunity to comment on program strengths and areas for improvement. All of this supplements the Student Outcome data in the program’s Continuous Improvement Process. For example:

**Supervision:** Based on student, faculty and external partners' feedback (such as licensing boards and mental health agencies), the MS-CMH added content on supervision to its Organizational Leadership course, and this may be an area for alignment with the MA-CSL in the future. A course in Supervision also may be a strong continuing education/professional development offering for the field. Many licensing boards require supervisors of post-master's practice to have participated in supervisor training, and it might be a desirable CE area for LCMHCs and LADCs, as well as a possible benefit to offer fieldwork supervisors.

**Workforce Partnerships:** In the 2024-25 Academic year, the graduate program directors were invited to participate in: the Vermont Allied Mental Health Board's "Barriers to Licensure" work groups; the Vermont Care Partners Internships work group (Partnerships with Higher Education webinar), the Division of Substance Use's Strategic Planning process and more. All of these inform our Continuous Improvement Plan and future priorities.

## **SECTION: CONTINUOUS IMPROVEMENT PLAN**

1. **Looking ahead to the next 5-year cycle, describe 1-3 continuous improvement priorities for the program.** Our Counseling Department priorities fall into three main, related areas:
  - Priority 1: Continue to align the MA-CSL and MS-CMH, in terms of student Learning Outcomes and Assessment and Curricula, focusing on the areas of Ethics, Counseling Skills and Practice and Leadership and Systems Change. Expand the Curriculum and Learning Outcomes Crosswalk, to include course level objectives and summative assessments, for all courses, in both programs.
  - Priority 2: Collaborate on strategic planning to sustain and grow both programs.
  - Priority 3: Address systems, forms and data to be more reflective of graduate programs.
2. **What program improvement questions are currently salient? What are your preliminary thoughts on how and when you might pursue these questions? For example, what data would you need to help you answer each question?**

### **Priority 1 - Student Learning Outcomes & continued program alignment:**

- **Ethics:** Redesign and implement the Ethics syllabus, assignments and rubrics for both programs. Projected timeline: 2025-2026. Review Ethics content across the Curriculum and finalize syllabus, assignments and rubric changes. Projected timeline: Years 2-4.
- **Counseling Skills and Practice:** Continue to align Practicum and Internships across the MA-CSL and MS-CMH, with potential changes in seminars, paperwork, and structure/credit load. Continue to work with Vermont Care Partners and other fieldwork sites to improve and refine the field placement process. Propose/implement changes in fieldwork structure and processes and identify staffing, and resources needed (e.g., for an Internship Coordinator). Projected Timeline: 2025-2030. This project will be ongoing. The Department will work on timelines for individual pieces in 2025-26. Some curricular changes may be proposed for 2026-27 or 2027-28.

- **Organizational Leadership and Systems Change:** This area overlaps with both of the above. Review, refine and consider alignment of content on Supervision across the two programs (2025-27). Consider offering a free course or CE training for field supervisors, based on their feedback and request. (2027-2030).
- **Overall:** Expand the Curriculum and Learning Outcomes Crosswalk, to include course level objectives and summative assessments, for all courses, in both programs.

**Priority 2 -Strategic Planning:** The Counseling Department will devote parts of our ongoing department meetings and semi-annual retreat days to strategic planning that continues to align the programs, while maintaining the individual program strengths. These include strong student enrollment statewide; high student satisfaction with the two distinct delivery models; ability to deliver the MS-CMH to meet licensure requirements in several states; high academic quality, based on both counseling standards and strong workforce partnerships, that inform the curriculum to remain state of the art.

Most of this work is ongoing. Year 1 (2025-26) will be devoted to setting priorities and outlining methods and a timeline for collecting data and information over the next five year PReCIP cycle. Included will be:

- Continue to collect formal and informal information from workforce partners on the need for counselors in Vermont (and other CMH states), to inform enrollment projections (Ongoing).
- Continue to develop course scheduling processes and methods that diversify course offerings each term and build on shared PT faculty (2025 for 2026-2027).
- Continue to collect formal and informal information from full and part-time faculty and workforce partners to: (1) identify new initiatives, such as field placement coordination with designated agencies; (2) identify and prioritize new/updated content to keep the curriculum highly relevant and state-of-the-art (e.g., addressing substance use, digital technologies, problem gambling, etc.) (Ongoing).
- Continue work with the VT Allied MH Board, to reduce barriers for School Counselors, so that they may supplement the degree post-master's to become LCMHCs (2025-2030)
- Work with VTSU Academic and Financial Leadership and others to develop a specific workforce partnership with the VT Mental Health Designated Agencies, to encourage staff to choose the VTSU graduate programs in counseling, to increase their credentials and continue to work in the public mental health workforce; also remain part of the Division of Substance Use strategic planning initiative (ongoing 2025-2030).
- Based on all of the above, continue to evaluate staffing needs across programs, particularly related to the administrative, advising and internship coordination, based on current and projected student headcounts. Identify needed supports from other VTSU Offices (Admissions, Registrar, Scheduling, Facilities, Marketing). Submit proposals to meet identified needs, as relevant.

**Priority 3 - VTSU Systems**

- Work with OGS and Institutional Analytics to be sure graduate headcounts and enrollments are accurate
- Work with OGS and other VTSU Offices on forms and systems relevant for graduate-level programs (e.g, the Exit/Leave form, Course Add/Drop and Waitlist forms, Course Registration processes and timelines, Facilities scheduling, etc.).