**Florida Gulf Coast University Graduate Policy Revision Proposal**

1. *Program title (degree and program*): School Counseling M. Ed.

2. *Contact person*: Abbe Finn *Phone:* 590-77772: *Email*: afinn@fgcu.edu

 *College*: Education *Department/School*:

3. *Briefly describe the proposed policy revision(s)*: The Counseling Programs are revising admission requirements because of changes in the scaled scores for the GRE. The desired scores are 151 to 153 for verbal and 143-144 for quantitative tests.

4. *Effective date*: Spring [ ]  Fall[x]  Year 2013

5. *Briefly explain the rationale for the proposed policy revision*:

The Counseling Programs are revising admission requirements because of changes in the scaled scores for the GRE. Test scores are no longer posted as a mean of 500 for the quantitative and verbal scores after July 31, 2011. The revised mean scores are approximately 151-153 for verbal and 143-144 for quantitative tests.

6. *Is the proposed policy revision consistent with the university’s General Graduate Academic Policies and relevant graduate regulations? Please cite relevant sections of existing policy/regulation*:

7. *Is the proposed policy revision consistent with college and/or program graduate policies?*  Yes. *Please cite relevant sections of existing policies*: The score of 151 to 153 Verbal and 143-144 Quantitative are equivalent to 500 on the scale previously supplied according to the information published on the GRE ETS website. (<https://www.ets.org/s/gre/pdf/gre_guide_table1a.pdcf> )

8. *Are additional university resources needed to support this policy revision? Please explain*: No.

9. *Are additional college resources needed to support this revision? Please explain*:

No

10. *Are additional program resources needed to support this policy revision? Please explain*:

 No

11. *Catalog copy and other relevant documentation (please attach a track-changes copy of the relevant section of the catalogue that includes proposed policy revisions*:

12. *Additional comments*:

**COLLEGE APPROVALS** (*signatures required prior to submission*)

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Department/Program Chair/Director Date

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College Graduate Affairs Committee Chair Date

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College Dean Date

**FGCU GRADUATE AFFAIRS TEAM**

[ ] Approved [ ] Approved w/conditions [ ] Not approved

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FGCU Graduate Affairs team Chair Date

Comments/Conditions: