



## Counseling Psychology

### PERMISSION TO ENROLL

\_\_\_\_ CPSY 305 FIELD LABORATORY  
\_\_\_\_ CPSY 309 FIELD EXPERIENCE

\_\_\_\_ Quarter      Year

\_\_\_\_ Student Name (Last, First)

\_\_\_\_ Student ID

\_\_\_\_ Address

\_\_\_\_ Phone (Day and Evening)

\_\_\_\_ City

\_\_\_\_ Major

\_\_\_\_ Name of Agency/Organization

\_\_\_\_ Name of on-site supervisor who will  
verify completion of the experience

\_\_\_\_ Address

\_\_\_\_ Date experience starts-ends

\_\_\_\_ Phone

\_\_\_\_ # of hours/week      # of weeks

\_\_\_\_ Total hours

\_\_\_\_ Units

\*\*How many 305 or 309 units have you accumulated to date?  
(40 hours clinical experience or 20 hours of didactic experience equals 1 unit)

Please describe the nature of the activities which will be devoted to fulfilling the 305 or 309 experience.  
**What new skills, insights, and attitudes do you expect to learn through this experience?** (If this experience involves workshops, please not the manner in which you will verify your participation and learning.) Attach additional sheet if necessary.

\_\_\_\_ Signature of Patricia Moretti, Ed.D.  
08/08

\_\_\_\_ Date