



Counseling Psychology

PERMISSION TO ENROLL FOR PRACTIUM

_____ Quarter, 20____

Check one:

- 331A Agency
- 331C Career
- 331H Health
- MFT

_____ Name: Last, First, M.I.

_____ Student ID#

_____ Address

_____ Phone: Day and Evening

_____ City, State, Zip Code

_____ Major

_____ Institute/Agency/Organization

_____ Name of on-site supervisor verifying completion

_____ Address

_____ Experience Starts/Ends

_____ City, State, Zip Code

_____ # of hrs/weeks # of weeks

_____ Phone

_____ Total Hours

_____ Units

Please describe the nature of the duties you will perform to fulfill this practicum or internship. (Use the back if necessary)

_____ Signature of Faculty Supervisor

_____ Date