



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