



Counseling Psychology

PERMISSION TO ENROLL FOR PRACTICUM

_____ Quarter, 20____

Check one:

- 331A Agency
- 331C Career
- 331H Health
- 333 MFT – 78 unit
- 333 LPCC – 78 unit
- 333 MFT/LPCC – 78 unit
- 333 MFT – 90 unit
- 333 LPCC – 90 unit
- 333 MFT/LPCC – 90 unit

_____ Student Name: Last, First, M.I.

_____ Student ID#

_____ Address

_____ Phone: Day and Evening/email

_____ 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 & Email

_____ 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 Practicum Director

_____ Date