APPLICATION FOR SCHOOL COUNSELING PRACTICUM AND INTERNSHIP

Due Dates: Spring 10/15 Fall 04/15

Practicum	Internship		
Semester Applying For: Hours Requested of Practicum/Internship:			
			Name:
Address:	City	Zip	
Phone #:	Alternate #:		
Term Admitted to Program:	Required Progra	Required Program Hours:	
Program Advisor:	Number Program I	Hours Completed:	
Record Grade in Courses Below. Mark an "X	" if currently enrolled.		
School Counseling Required Courses: COUN 5000: Research & Evaluation in COUN 5110: Lifespan Development (3COUN 5150: Foundations of School CCOUN 5160: Counseling Children and COUN 5190: Psychological Assessment COUN 5400: Theories in Counseling (ounseling (3) I Adolescents (3)* Int (3)* If (3) If (4) If	ementation (3)*	
Have you met with your program advisor to	discuss your readiness for practicum or in	nternship?	
Have you made a tentative selection of a pra	acticum or internship placement? If so, wh	nere?	

TURN THE COMPLETED FORM IN TO DR. EVA GIBSON, Clement Bldg., Room 307A or via email (Gibsone@apsu.edu)

*You must have completed all courses above with the exception of those noted, *prior* to starting a practicum placement. **You may be enrolled concurrently in these courses while completing the internship experience.