

This form must be completed and Submitted by October 1st for Spring Practicum or by March 1st for Fall Practicum. Completion of this form does not guarantee admittance to a practicum section. Once this application has been received and accepted and the section is still open, faculty supervisors will e-mail you to let you know that the registration hold has been removed and you will be allowed to register for practicum. Return to: Dr. Pender, Murray State University, Alexander Hall, Murray, KY 42071 or fax to (270) 809-3799

Name _____ Date _____

Program: _____ Expected Graduation _____

Address: _____

Phone #: _____ E-mail: _____

Intended Semester and year for practicum: FALL SPRING Year _____

Type of Settings: Elementary Middle Secondary Agency Private Prac.

Name of Intended Practicum Site: _____

Address of Practicum Site: _____

Name of Potential Site Supervisor: _____

Eligibility for Practicum

Please check all of the courses you will have completed by the time you start your Practicum. You should have completed a minimum of **three of the following classes including CNS 619, Foundational Counseling Skills and CNS 624 Theories of Counseling** before you begin your practicum.

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|---|----------------------------|
| ___ CNS 617, Introduction to Counseling | Date Complete _____ |
| ___ CNS 618, Issues in Mental Health Counseling | Date Complete _____ |
| ___ CNS 619, Foundational Counseling Skills (<i>required</i>) | Date Complete _____ |
| ___ CNS 624, Theories of Counseling Skills (<i>required</i>) | Date Complete _____ |
| ___ CNS 635, Human Development | Date Complete _____ |
| ___ CNS 671, Multicultural Counseling | Date Complete _____ |
| ___ CNS 692, Group Counseling | Date Complete _____ |
| ___ Other _____ | Date Complete _____ |

Student Signature: _____

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| <p><u>For Department Use Only</u></p> <p>Date received _____</p> <p>Clinical Coordinator Initials: _____</p> |
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