

STOCKTON UNIVERSITY | COUNSELING PROGRAM

SITE APPLICATION FORM - PRACTICUM

APPLICATION FOR SEMESTER:

___ **SPRING (20___) application deadline: November 1**

Last Name: _____ First Name: _____

Z number: _____ Student e-mail address: _____

Student phone (day): _____

I am applying to enroll in COUN 5900 Practicum and I have or will have the pre-requisites by the beginning of the course, and I have a grade of B or higher in Pre-practicum (COUN 5110) and a B or higher in all the other prerequisite courses:

Course	Grade
_____ COUN 5110 Pre-Practicum	_____
_____ COUN 5120 Psychopathology	_____
_____ COUN 5115 Theories of Counseling	_____
_____ COUN 5125 Legal and Ethical Issues	_____
_____ COUN 5205 Foundations of CMHC	_____

By submitting this application, I understand that I will NOT be able to start my clinical placement or begin my practicum course, until I have submitted a completed **Clinical Approval Form**, *my proposed supervisor's vita*, and a **Practicum Agreement** with appropriate signatures, to our Internship Coordinator. I am familiar with the ACA Code of Ethics and I agree to abide by them.

Practicum Student

Faculty Advisor (Preceptor)

Upon submission of this application, approval by the Internship Coordinator is required to proceed with the Site Placement process.

_____ Approved _____ Not Approved Affiliation Agreement Y N N/A

Internship Coordinator: _____ Date: _____