



APPLICATION FOR PRACTICUM-Counseling Psychology (PSYC 6303)

Applications for practicum must be turned into the Arts and Sciences Main Office Secretary (UW 208 no later than 3pm or via email to gordont@uhv.edu on the designated deadline date. Below are the practicum application deadline dates for the 2011-2012 Academic Year:

Practicum Application Deadline Date	Practicum Start Date
July 21, 2011	Fall 2011
October 21, 2011	Spring 2012
April 5, 2012	Summer 2012
July 13, 2012	Fall 2012

You must be officially accepted into the Counseling Psychology Program and complete the prerequisite courses in order to be considered eligible for Practicum. In addition, you must attach the face sheet copy of your student liability insurance with this application and prior to beginning at your assigned practicum site.

Name: _____

Application for Practicum Semester: Fall
 Spring Year: _____
 Summer

Practicum Semester: 1st practicum semester 2nd practicum semester 3rd practicum semester

List Previous Practicum Site(s) and Type (Counseling or Testing)

1. _____

2. _____

Anticipated date of graduation: _____ Cumulative GPA: _____

Number of Credit Hrs complete: _____ Year/Semester Entered the Program: _____

UHV Email address: (this will be the primary mode of contact: _____

(You must provide a valid UHV email address or you will not be considered for a practicum.)

Telephone: (H) _____ (C) _____

Address: _____

Indicate one Psychology professor that would recommend you for practicum:

Which city or area would you like to complete your practicum: **(Please circle ONE of the choices below)**

- Victoria** (and surrounding areas ie. Edna; Rockport) **Houston** (and surrounding areas ie. Fort Bend County)
 Other: _____

For areas other than Victoria and Houston, please contact Practicum Coordinator or the Counseling Psychology Program Director.

Are there any particular sites or type of sites that are of interest to you? If yes, then briefly describe:

Describe the types of clientele/population (ie. Age, issues, topics) you would like to work with:

**MASTER OF ARTS IN COUNSELING PSYCHOLOGY
PRACTICUM VERIFICATION OF COURSEWORK**

Required Course	Semester/Year	Grade
PSYC 6321 Advanced Abnormal Psychology		
PSYC 6330 Life-Span Development Psychology		
PSYC 6333 Ethics and Practice of Psychology		
PSYC 6335 Techniques of Psychotherapy		
PSYC 6337 Advanced Assessment		
PSYC 6338 Group Psychotherapy		

Approved course substitution or reasons for not completing any pre-requisite course:

Student Signature

Date

Applicants must complete all course prerequisites and be in good academic standing to be considered for Practicum. Permission from Practicum Coordinator is required for enrollment in PSY 6303- Psychology Practicum course. Student liability insurance is required and must be returned with application. Refer to the UHV catalog or contact the Practicum Coordinator for more information.

For Office Use Only:

Student Name: _____

Approve _____ Deny: _____ (Reason for Denial of Application _____)

Student notified: **Y or N** Date of Notification: _____

Student Practicum Placement:

Name of Site Supervisor: _____

Phone number of Site Supervisor: _____

Practicum Coordinator/or Program Director Signature

Date