

APPENDIX R: Application for Enrollment in Practicum/Internship Courses

Part-Time Students and Certificate Students Only

Clinical Mental Health Counseling Program
Saint Cloud State University
Department of Community Psychology Counseling and Family Therapy

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ ID #: _____

Degree/Certificate Programs (check all that apply):

_____ Clinical Mental Health Counseling (CMHC) _____ Chemical Dependency (CD)

_____ Marriage & Family (MFT) _____ Gerontology _____ Rehabilitation Counseling

_____ Other _____

Check the appropriate semester and not I or II for which you are applying for Internship I and II:

_____ Fall (20__) _____ Spring (20__) _____ Summer (20__)

If you are a part-time student please also complete item below regarding practicum

Check the appropriate clinical experience (use only one form for each class):

_____ Practicum I _____ Practicum II _____ Internship I* _____ Internship II*

*Number of internship hours you are registering for (applies to CD certificate students) _____

Are you a full-time student? _____ Yes _____ No

Have you completed the following prerequisites for the clinical experience courses? _____ Yes _____ No

(Prerequisites for practicum: COUN 620, COUN 651, COUN 666, COUN 668)

(Prerequisites for internship: COUN 651, COUN 666, COUN 668, COUN 620, CPSY 669, CPSY 698).

Your advisor has reviewed your portfolio (and blue sheet).

Signature page for Application for Enrollment in Practicum/Internship Courses

Advisor Name _____

Advisor Signature: _____

Signature of Clinical Coordinator or designee verifying attendance to Practicum/Internship Orientation

Session/Date: _____

Faculty Signature: _____

PROCESS FOR REGISTRATION

Return completed application form to the department administrative staff/secretary in EB210 no later than the above application due date.

Spaces in clinical courses are limited. Preferences will be given to students who have completed the most coursework prior to applying for practicum/internship.

We cannot guarantee admission to any student who turns the form in late.

By signing this form, I give the Dept. of Counseling and Community Psychology permission to register me into either CPSY 669/698 or COUN 696.

Student Signature

Date