

**REGISTRATION FOR MASTER'S COUNSELING PRACTICUM
Counselor Education**

Name: _____ PID: _____

Email: _____ Anticipated Graduation: _____

Program: ___ CMHC (ME6278) ___ CMHC/CLRC (ME6324)
 ___ CMH/SC (ME6298) ___ SC (ME6274)

Registering for: _____ EDCE 6920: Counseling Practicum

I plan to enroll in:

___ SPRING of ___ (YEAR) ___ SUMMER of ___ (YEAR)

I have completed the following courses:

- ___ EDCE 6200: Foundations of Counseling
- ___ EDCE 6550: Counseling Theory and Techniques
- ___ EDCE 6310: Appraisal I

I have completed OR plan to take concurrently with EDCE 6920, the following courses:

- ___ EDCE 6450: Counseling Over the Lifespan
- ___ EDCE 6620: Diagnosis and Treatment Planning in Counseling
- ___ EDCE 6500: Group Counseling I
- ___ EDCE 6860: Multicultural Counseling

Select one and complete the following:

___ I have discussed the following EDCE 6920/EDCE 6915 placement sites with my advisor:

Site 1: _____

Site 2: _____

Site 3: _____

I understand it is my responsibility to contact sites to discuss a potential placement.

Student Signature

Date

Advisor Printed Name and Signature

Date

Practicum and Internship Coordinator Signature

Date

Return to the Practicum and Internship Coordinator no later than the 6th week of the semester preceding the semester in which you plan to start practicum.