

**STUDENT COUNSELING AND PSYCHOLOGICAL SERVICES (CAPS)
STUDENT PRACTICUM APPLICATION FORM**

Name: _____ Date: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

Academic Department: _____ Email: _____

Course Title/Number: _____ Number of credits enrolled _____

Semester and year you are applying for: Fall _____ Spring _____ Summer _____

Specify number of hours per week you can be committed to direct service at CAPS: _____
(Students are expected to spend a minimum of 6 hours per week of direct clinical service, 1 hour of individual supervision, 1 hour of group supervision, and be here a minimum of 12 hours/wk)

Graduate-level coursework in theories of counseling/psychotherapy: _____

Graduate-level coursework in basic counseling techniques, methods, or skills: _____

Graduate-level coursework in ethics and professional practice: _____

Other relevant coursework: _____

Previous clinical training site(s) and related clinical work experience: _____

Relevant diversity experience: _____
