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: _____________________________________________________
____________________________________________________________________________
____________________________________________________________________________