## CENTRAL CONNECTICUT STATE UNIVERSITY

## Department of Counselor Education & Family Therapy

### **Student Development in Higher Education**

### **Application for Practicum – CNSL 503**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DAY TIME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Eligibility Requirements** *(due at time of first class):*

1. Practicum agreement with a college/university, with appropriate supervision (SDHE-2)
2. Proof of professional liability insurance
3. Taskstream account

*NOTE: The forms are available in the spinner outside of the office (Carroll Hall) or online via the Program Web page.*

**Deadlines**:

March 15 Summer Practicum

October 15 Spring Practicum

I wish to apply for admission into CNSL 503, Supervised Counseling Practicum, for the following semester:

Semester: [ ]  Spring [ ]  Summer Year \_\_\_\_\_\_\_\_\_\_\_\_

##### Advisor Approval

I have reviewed the student’s file, including the C3 survey and transcripts, and certify that the student is ready to enter CNSL 503 Supervised Counseling Practicum.

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Signature of Advisor Date

Suggestions for potential Practicum sites as discussed with student: