This form must be completed and Submitted by October 1st for Spring Practicum or by March 1st for Fall Practicum. Completion of this form does not guarantee admittance to a practicum section. Once this application has been received and accepted and the section is still open, faculty supervisors will e-mail you to let you know that the registration hold has been removed and you will be allowed to register for practicum. Return to: *Dr. Pender, Murray State University, Alexander Hall, Murray, KY 42071 or fax to (270) 809-3799*

NameDate	2
Program:Expecte	d Graduation
Address:	
Phone #: E-mail:	
Intended Semester and year for practicum:	FALL SPRING Year
Type of Settings: Elementary \Box Middle \Box S	Secondary \Box Agency \Box Private Prac. \Box
Name of Intended Practicum Site:	
Address of Practicum Site:	
Name of Potential Site Supervisor: Eligibility for Practicum Please check all of the courses you will have complete You should have completed a minimum of three of t Foundational Counseling Skills and CNS 624 The practicum.	ted by the time you start your Practicum. the following classes including CNS 619,
 CNS 617, Introduction to Counseling CNS 618, Issues in Mental Health Counseling CNS 619, Foundational Counseling Skills (<i>require</i> CNS 624, Theories of Counseling Skills (<i>require</i> CNS 635, Human Development CNS 671, Multicultural Counseling CNS 692, Group Counseling Other 	-
Student Signature:	For Department Use Only

Date received
Clinical Coordinator Initials