

PITTSBURG STATE UNIVERSITY  
Department of Psychology and Counseling  
**Pre-Practicum, Practicum, or Internship Application**

**TO BE COMPLETED BY GRADUATE STUDENT:**

This application must be fully completed and submitted to the advisor before midsemester prior to the desired semester of practicum or internship enrollment. Consultation with the advisor and/or program director is also necessary in planning and completing the form. It is the student's responsibility to complete and submit the form to your advisor prior to the due date. Incomplete application will NOT be approved. Please type or print.

I. Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Major: \_\_\_\_\_ M.S. Clinical Psychology \_\_\_\_\_ M.S. School Counseling \_\_\_\_\_ Ed.S. School Psychology  
Advisor: \_\_\_\_\_ Student's Email: \_\_\_\_\_

**Semester (Fall, Spring, Summer)/Year of First Desired Practicum/Internship:** \_\_\_\_/\_\_\_\_.

Practicum/Internship Course for which you are applying (circle one):

\_\_\_\_\_ 822 \_\_\_\_\_ 865 \_\_\_\_\_ 870 \_\_\_\_\_ 872 \_\_\_\_\_ 894 \_\_\_\_\_ 895 \_\_\_\_\_ 970 \_\_\_\_\_ 994 \_\_\_\_\_ 995

Number of Credit Hours of Practicum/Internship Being Applied For: \_\_\_\_\_.

Tentative Practicum/Internship Site: \_\_\_\_\_.

Tentative Site Supervisor: \_\_\_\_\_.

Signature of Supervisor (School Counseling ONLY)

\_\_\_\_\_  
Printed

\_\_\_\_\_  
Signature of Supervisor

**Semester (Fall, Spring, Summer)/Year of Second Desired Practicum/Internship:** \_\_\_\_/\_\_\_\_.

Practicum/Internship Course for which you are applying (circle one):

\_\_\_\_\_ 822 \_\_\_\_\_ 865 \_\_\_\_\_ 870 \_\_\_\_\_ 872 \_\_\_\_\_ 894 \_\_\_\_\_ 895 \_\_\_\_\_ 970 \_\_\_\_\_ 994 \_\_\_\_\_ 995

Number of Credit Hours of Practicum/Internship Being Applied For: \_\_\_\_\_.

Tentative Practicum/Internship Site: \_\_\_\_\_.

Tentative Site Supervisor: \_\_\_\_\_.

\_\_\_\_\_  
Printed

\_\_\_\_\_  
Signature of Supervisor

**Semester (Fall, Spring, Summer)/Year of Third Desired Practicum/Internship:** \_\_\_\_/\_\_\_\_.

Practicum/Internship Course for which you are applying (circle one):

\_\_\_\_\_ 822 \_\_\_\_\_ 865 \_\_\_\_\_ 870 \_\_\_\_\_ 872 \_\_\_\_\_ 894 \_\_\_\_\_ 895 \_\_\_\_\_ 970 \_\_\_\_\_ 994 \_\_\_\_\_ 995

Number of Credit Hours of Practicum/Internship Being Applied For: \_\_\_\_\_.

Tentative Practicum/Internship Site: \_\_\_\_\_.

Tentative Site Supervisor: \_\_\_\_\_.

\_\_\_\_\_  
Student's Signature \*

\_\_\_\_\_  
Date

\*I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

By checking this box and typing my name above, I am electronically signing my application.

Total Graduate Credit Hours Completed at PSU: \_\_\_\_\_; Current Graduate GPA: \_\_\_\_\_.

Application for Admission to Candidacy (Program of Studies) Approved? Yes \_\_\_\_\_; No \_\_\_\_\_; Date \_\_\_\_/\_\_\_\_/\_\_\_\_.

I have discussed my proposed practicum/internship placement with the appropriate faculty supervisor: Yes \_\_\_\_\_; No \_\_\_\_\_.

**TO BE COMPLETED BY ADVISOR:**

II. Check type of Practicum/Internship desired and complete information on Pre-Requisite

| _____ School Counseling   |                                    |                       | _____ School Psychology   |                                    |                       | _____ Clinical Psychology |                                    |                       |
|---------------------------|------------------------------------|-----------------------|---------------------------|------------------------------------|-----------------------|---------------------------|------------------------------------|-----------------------|
| <u>Pre-<br/>Requisite</u> | <u>Completed<br/>(Enter Grade)</u> | <u>Taking<br/>Now</u> | <u>Pre-<br/>Requisite</u> | <u>Completed<br/>(Enter Grade)</u> | <u>Taking<br/>Now</u> | <u>Pre-<br/>Requisite</u> | <u>Completed<br/>(Enter Grade)</u> | <u>Taking<br/>Now</u> |
| 722                       | _____                              | _____.                | 755                       | _____                              | _____.                | 801                       | _____                              | _____.                |
| 745                       | _____                              | _____.                | 803                       | _____                              | _____.                | 803                       | _____                              | _____.                |
| 816                       | _____                              | _____.                | 818                       | _____                              | _____.                | 809                       | _____                              | _____.                |
| 818                       | _____                              | _____.                | 837                       | _____                              | _____.                | 811                       | _____                              | _____.                |
| 819                       | _____                              | _____.                |                           |                                    |                       | 818                       | _____                              | _____.                |
|                           |                                    |                       |                           |                                    |                       | 819                       | _____                              | _____.                |
|                           |                                    |                       |                           |                                    |                       | 832                       | _____                              | _____.                |

Advisor's Recommendation:

\_\_\_\_\_ Pre-Requisites Completed with Satisfactory Grades      \_\_\_\_\_ Grade Point Average Satisfactory

\_\_\_\_\_ Sufficient Coursework Completed      \_\_\_\_\_ Admitted to Candidacy

I do \_\_\_\_\_/do not \_\_\_\_\_ recommend this applicant for practicum/internship enrollment at this time.

\_\_\_\_\_  
Advisor

\_\_\_\_\_  
Date

III. Committee Review:

\_\_\_\_\_ Approved for Practicum

\_\_\_\_\_ Approved for Internship

**CONDITIONS:**

Must Obtain Approval of Practicum/Internship Site: Yes \_\_\_\_\_; No \_\_\_\_\_

Must Obtain Approval of Practicum/Internship Site Supervisor: Yes \_\_\_\_\_; No \_\_\_\_\_

Other Conditions: \_\_\_\_\_