Field Practicum Application Approval Form

Name_________________________                           Date _____________________

Prior to contacting any potential field practicum site, the student must be reviewed and specifically approved for practicum by the clinical faculty. Please complete this form and give it to the field practicum coordinator. Please do so no later than October 1 for a spring practicum, March 1 for a summer practicum and April 15 for a fall practicum. When you have submitted this form, your application will be reviewed by the clinical faculty within the next month. The field practicum coordinator will inform you of the decision of the clinical faculty. Note: this approval does not guarantee placement at a specific practicum site or for a specific semester.

Background Information:

Semester and year you entered the program? _______________

Number of clinical program hours completed?  Required: ____  Electives: ____

Number of clinical program hours in which you are currently enrolled?  Required: ____  Electives: ____

When does your insurance expire? ________________

Please indicate if you have had the following courses:

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester Taken (indicate if currently enrolled)</th>
<th>Grade</th>
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<tbody>
<tr>
<td>Psy 5470: Theories of Counseling or Psy 6080: Interventions with Children and Adolescents</td>
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<td>Psy 6020: Theories of Personality</td>
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<td>Psy 6100: Intellectual Assessment</td>
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<td>Psy 6250: Objective Personality Assessment</td>
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<td>Psy 6510: Psychopathology</td>
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<td>Psy 6690: Professional Issues and Roles</td>
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<td>Psy 6801: Interviewing and Intervention</td>
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To help us plan better, please complete the following:

When do you prefer to start field practicum (semester and year)? ____________

Do you have any specific clinical interests (for example, neuropsychology, children)?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Is there any specific field placement you would prefer? ______________________

Your signature: ________________________________________________________

Approved: Yes  No

___________________________                          ________________
Coordinator of the Clinical Program                          Date

___________________________                          ________________
Clinical Practicum Coordinator                          Date