## **CNS 790 - PRACTICUM APPLICATION**

This form must be completed and Submitted by the <u>third week</u> of the semester before you intend to do a 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* 

| Name  | Date   |
|---|--|
| Program:Expecte   | ed Graduation  |
| Address:  |  |
| Phone #:E-mail:   |  |
| Intended Semester and year for practicum:   | FALL □ SPRING□ Year  |
| Type of Settings: Elementary ☐ Middle ☐   | Secondary ☐ Agency ☐ Private Prac. ☐                       |
| Name of Intended Practicum Site:  |  |
| Address of Practicum Site:  |  |
| Please check all of the courses you will have completed to have completed a minimum of <b>three of the following cla Counseling Skills</b> before you begin your practicum. It is CNS 624, Theories either prior to or while you are taking | recommended that you have taken or are taking g practicum. |
| CNS 617, Intro to School Counseling   | Date Complete  |
| CNS 618, Issues in Mental Health Counseling   | Date Complete  |
| CNS 619, Foundational Counseling Skills (required)  | Date Complete  |
| CNS 624, Theories of Counseling Skills  | Date Complete  |
| CNS 635, Human Development  | Date Complete  |
| CNS 671, Multicultural Counseling   | Date Complete  |
| CNS 692, Group Counseling   | Date Complete  |
| Other   | Date Complete  |
| Student Signature:  | For Department Use Only  Date received                     |

Advisor's Initials \_\_\_\_\_