

**MURRAY STATE UNIVERSITY COUNSELING PROGRAM
PRACTICUM/INTERNSHIP FIELD SETTING INFORMATION FORM**

*The information you provide on this form will help to ensure that MSU has an affiliation agreement with your field setting; if not the process of an affiliation agreement will be initiated by the department. It is **your** responsibility to follow this process to ensure that an affiliation agreement is in place. In addition, a letter will be sent to your field supervisor transmitting pages from the Program Handbook and thanking him/her for their cooperation.*

Please include **complete** address.

Please print the following information.

Date _____

Student: _____

Semester and Year: _____

Course No.	_____ CNS 790, Practicum in Counseling	3 crs.
	_____ CNS 794, Internship I	3 crs.
	----- CNS 795, Internship II	___ 3 crs. Or ___ 1 crd
	_____ CNS 796, Advanced Internship I*	3 crs.
	_____ CNS 797, Advanced Internship II*	3 crs.

Faculty Supervisor: _____

Field Supervisor: _____ Phone and email: _____

Field Placement: _____

(Include school district No. if applicable)

Address: _____

Street Address	City/State	Zip Code
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Field Setting: Start Date: _____ End Date: _____

*Note to Student: Attach Signed Practicum/Internship Field Setting Approval Form

*Advanced Internship I and II for MA School to EdS CMHC

For Department Use Only

Date received _____

Clinical Coordinator Initials: _____