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 ☐ 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 ☐ 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 ☐ 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		
Pre-Requisite	Completed (Enter Grade)	Taking Now	Pre-Requisite	Completed (Enter Grade)	Taking Now	Pre-Requisite	Completed (Enter Grade)	Taking Now
722	____	☐.	755	____	☐.	801	____	☐.
745	____	☐.	803	____	☐.	803	____	☐.
816	____	☐.	817	____	☐.	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: _____