

Application for Practicum Training Positions

Application Date:

Full Name:

Last

First

Middle Initial

Home Address:

Street

City

State

Zip

Phone Number:

Home

Mobile or alternate number

Email Address:

Best Means of contacting you?

Home Phone:

Cell Phone:

Email:

1. Are you currently enrolled in a Master's Program here at TAMUCC? Yes No

a. School/Program:

b. I am interested in a practicum that begins _____ (month/year) and ends _____ (month/year).

2. List relevant practicum, volunteer or work experience. Attach additional page(s) if needed.

a. Site Name:

i. Supervisor/Phone Number:

ii. Briefly describe your job duties:

3. Have you ever had any complaints against you by a supervisor or client regarding ethical or professional behavior?

Yes No

If yes, please explain:

4. Please list the hours you would be available for practicum (Counseling Center's hours in parenthesis).

Monday (8 am – 5 pm)

Tuesday (8 am – 5 pm)

Wednesday (8 am – 5 pm)

Thursday (8 am – 5 pm)

Friday (8 am – 5 pm)