



Department of Applied Psychology
Clinical Mental Health Counseling Program

PRACTICUM / INTERNSHIP APPROVAL FORM

Instructions: give this form to the Director of Clinical Training before making a final commitment to a site.

Student: _____ Program/Yr. _____

FIRST YEAR PRACTICUM & INTERNSHIP SITE:

Site: _____

Street: _____

City/State/Zip: _____

Telephone: _____

Contact Person: _____

Primary Duties: _____

SECOND YEAR INTERNSHIP SITE:

Site: _____

Street: _____

City/State/Zip: _____

Telephone: _____

Contact Person: _____

Primary Duties: _____

REQUEST APPROVED: _____ **DATE:** _____

Director of Clinical Training