

# PERMISSION TO REGISTER FOR PRACTICUM/INTERNSHIP FOR CMHC & PSC

DEPARTMENT OF HUMAN DEVELOPMENT AND PSYCHOLOGICAL COUNSELING

### Instructions:

1. Student completes section A. Please note: **All information is required.**
2. Student's advisor signs section B.
3. Give completed/signed form to Field Experience Coordinator for your program.
4. When approved you will be registered.

For office use only:

\_\_\_\_ Internship Inventory  
\_\_\_\_ Contract uploaded  
\_\_\_\_ Electronic Signature

### Section A:

Student Name: \_\_\_\_\_

Banner ID#: \_\_\_\_\_ Student Degree Program \_\_\_\_\_

Current Address: \_\_\_\_\_

ASU E-mail: \_\_\_\_\_

Student Phone #: \_\_\_\_\_

Term when course is to be taken: \_\_\_\_\_

GPA: \_\_\_\_\_ Total # of hours that you will complete prior to taking practicum or internship \_\_\_\_\_

### Student Emergency Contact Information:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Telephone # \_\_\_\_\_

### Internship Details:

Physical location of internship is domestic \_\_\_\_\_ or international \_\_\_\_\_

Internship Site is located in which state \_\_\_\_\_

Internship Site is located in which country \_\_\_\_\_

### Agency/School Details:

Name of Agency/School \_\_\_\_\_

### I wish to be registered for the following course:

#### HPC 5900 Practicum in:

\_\_\_ Counseling (3 ch)  
**Section Preference** \_\_\_\_\_

#### HPC 6900 Internship in: (rank order preference for section)

\_\_\_ Clinical Mental Health Counseling (3 sh)

**Section Preference** \_\_\_\_\_

\_\_\_ Clinical Mental Health Counseling (6 sh)

**Section Preference** \_\_\_\_\_

\_\_\_ Professional School Counseling (3 sh)

**Section Preference** \_\_\_\_\_

\_\_\_ Professional School Counseling (6 sh)

**Section Preference** \_\_\_\_\_

\_\_\_ Professional School Counseling (9 sh)

**Section Preference** \_\_\_\_\_

Fill this form out and bring with you to the meeting with your advisor.

### Section B:

This student has or will have the necessary prerequisites for taking the appropriate practicum or internship and has met all assessment and evaluation requirements to begin or continue in field placement and has my permission to register.

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_