

PERMISSION TO REGISTER FOR PRACTICUM/INTERNSHIP FOR CMHC
Department of Human Development and Psychological Counseling

For office use only:
_____ Internship Inventory
_____ Contract sent to student
_____ Contract uploaded
_____ Electronic Signature

Instructions Please type:

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. To complete this form students are to meet with their CMHC Advisor, have this signed, email to the Clinical Field Experience Coordinate and then uploaded to Supervision Assist.

Section A:

Student Name: _____

Banner ID#: _____

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: (must have to register)

Name: _____

Relationship: _____

Telephone #: _____

Email: _____

I wish to be registered for the following course:

HPC 5900 Practicum in:

___ Counseling (3 cr.)

HPC 6900 Internship in: for section

___ Clinical Mental Health Counseling (3 cr.)

___ Clinical Mental Health Counseling (6 cr.)

Section Ranking- Each semester you will be asked to rank order the available sections, through Google Forum, when requested via CMHC list-serv.

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 Signature _____ **Date** _____