

This form **must** be submitted to [counseloredprogram@wtamu.edu](mailto:counseloredprogram@wtamu.edu)

**West Texas A&M University**  
**LPC COUNSELING - PRACTICUM/INTERNSHIP APPLICATION**

Name Date

Phone number:

E-mail WT ID

Total hours completed in program (include current semester)

Program Advisor

**Practicum/Internship Site**

Name of Agency

Phone

Address

Site Supervisor Name

Site Supervisor's License Number

Number of Years of Supervisors Experience

**Requested Practicum/Internship Class and Due Dates for Application**

*Each semester and each site requires a new application*

**Deadlines for each semester: Summer:** May 7<sup>th</sup>      **Fall:** August 7<sup>th</sup>    **Spring:** December 7<sup>th</sup>

**Registration request for:**

Course:	Semester:	Year
COUN 6399 - Practicum	Spring	
	Summer	
COUN 6398 - Internship	Fall	

By signing below, the student and supervisor have discussed the requirements for hours and tapes/ typescripts for practicum and internship per the program handbook.

Site Supervisor Signature

Student Signature

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