

This form **must** be submitted to counseloredprogram@wtamu.edu

SCHOOL COUNSELING PRACTICUM APPLICATION

Name Date

Phone number:

E-mail WT ID

Total hours completed in the program (include current semester)

Program Advisor

Practicum Site

School and District

Phone

Address

Site Supervisor's name

Site Supervisor's Certificate

Supervisor's years of experience as a School Counselor

Requested Practicum Class and Due Dates for Application *Each semester and each site requires a new application*

Deadlines for each semester: Summer: May 7th **Fall:** August 7th **Spring:** December 7th

Registration request for:

Course:	Semester:	Year
COUN 6399 - Practicum	Spring	
	Fall	

Site Supervisor's Signature

Student's Signature

Please also email the site supervisor's service record, resume, and school counselor certificate

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