

Semester

COUNSELING FIELD PLACEMENT APPLICATION

Choose Field Placement option:

Name: _____
Last First Middle

Address: _____
Number & Street City State Zip

Telephone: _____

E-Mail: _____

Student ID#: _____

Advisor: _____

When did you achieve Classified Standing? (Term) _____

When did you achieve Advancement to Candidacy? (Term) _____

Expected Graduation Date: (Term) _____

Do you have current and valid Liability Insurance? (Choose One) Yes No

When did you complete the following:

	Term	Grade
COUN 174		
COUN 200		
COUN 208		

Student Signature: _____ Date: _____

Thank you for submitting the Counseling Field Placement Application. Please turn this into the Graduate Technician in ED 151. Your application will be reviewed and you will be contacted by a faculty member regarding your eligibility.

FOR OFFICE USE ONLY

- Medical Clearance (for K-12 and PPS only)
- Certificate of Clearance or Valid Teaching Credential (for K-12 and PPS only)

Cleared: _____ Date: _____

Faculty Signature: _____ Date: _____