

APPLICATION FOR MASTER'S-LEVEL TRAINING PROGRAM

The Counseling Center – Valdosta State University

Anticipated Start for Practicum Experience (e.g., Fall 2016): _____

Full Name _____ Date _____

Current Address _____
Street City State Zip Code

Home Phone (____) _____ Office Phone (____) _____

Cell Phone (____) _____ Email Address _____

Summer Address _____
Street City State Zip Code

Summer Contact Phone (____) _____ Summer Email Address _____

I verify that I have approval from my academic department to apply for this practicum/internship/field placement.

I am able to commit at least two semesters to the Counseling Center and 15 hrs. per week.

Relevant Graduate Courses completed (can include current courses)

Relevant Background and Experience

Please describe your interest in working with us at the Counseling Center? Please feel free to attach additional sheets for your response.

Applicant's Signature _____