

Approval to Register for PSYC 595 A or B

Please check the class:

PSYC 595 A Practicum _____

PSYC 595B Internship _____

Semester _____

Number of credits _____

Student's name: _____

Site for clinical experience:

Organization: _____

Address: _____

Site supervisor's name: _____

Supervisor's license (e.g. psychologist, LPC): _____

Supervisor's phone number: _____

Describe the kind of work you will be performing:

Check that all prerequisites are completed, or date to be completed if in progress

_____ **PSYC 500 *Ethics***

_____ **PSYC 517 *Psychopathology***

_____ **PSYC 518 *Interviewing and Counseling***

_____ **PSYC 519 *Psychotherapy***

_____ **PSYC 595A *Practicum (required to register for PSYC 595 B)***

Permission to register granted pending room in the course, satisfactory completion of work in progress, and submission of proof of liability insurance before the start date of the course.

Instructor's signature and date: _____