



Department of Counselor Education
 College of Education
 4505 Maryland Parkway | Box 453066 | Las Vegas, NV 89154-3066
 (702)895-5994

Practicum in Counseling Application

*This application is due to the Graduate Coordinator by **November 1st** for Spring semester enrollment in Practicum. Students must have their faculty advisor approve their application. **Note: Students are required to obtain liability coverage from an approved professional organization (e.g. ACA) prior to accruing practicum hours.** The practicum instructor helps coordinate site placements.*

Name: _____ Date: _____

E-mail address (please print clearly): _____

Phone: Cell () ____ - ____ Home () ____ - ____ Work () ____ - ____

Bilingual? No Yes – Language(s): _____

Grades earned in the following prerequisite courses (put "IP" (in progress) if currently enrolled):

Course	Grade	Semester/Year
701 Introduction to Counseling		
715 Counseling & Consultation Theories		
727 Counseling Process & Procedures		
733 Group Counseling		

Faculty Advisor Endorsement:

- This student has my approval for enrollment in CED 741 Practicum in Counseling.
- This student does not meet requirements for enrollment in CED 741 Practicum in Counseling.

Faculty Advisor Signature: _____

Date: ____ / ____ / ____