

CED 690 Practicum Application

Name: _____ ID #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ CMU Email: _____

What semester/year were you *admitted* to the program? _____

Full time? _____ Part time? _____ Advisor: _____

Regular admission? _____ YES Semester granted? _____ NO

Semester applying for: Fall (year_____)

Spring (year_____)

Summer (year_____)

First semester of CED 690

Second semester of CED 690

Please list any clinical or professional experiences (employment or volunteer opportunities) you may have:

Total CED credits completed:

Have you completed the following courses? _____

*A preference will be given to students who have completed all of the below courses. * indicates it is strongly recommended prior to Practicum A ; * * Indicates it is strongly recommended prior to Practicum B.*

Yes No Currently

****CED 620 Introduction to Multicultural Issues in Counseling**

Semester/Year: _____

***CED 630 Ethics & Consultation in Counseling**

Semester/Year: _____

****CED 650 Theories & Techniques of Group Counseling**

Semester/Year: _____

***CED 660 Counseling Techniques**

Semester/Year: _____

CED 665 Personal & Professional Development Across the Lifespan

Semester/Year: _____

***CED 677 Counseling Theories**

Semester/Year: _____

***CED 699 Diagnosis & Treatment Planning in Counseling** Semester/

Year: _____

Application Deadlines:

Fall semester: March 1

Spring semester: October 1

Summer semester: February 1