

**COUNSELOR EDUCATION PROGRAM**

**Application for School Counseling Practicum / Internship Placement**

**After you provided your fingerprinting/security clearance to the Office of Clinical Experiences,** Type or print all information clearly and submit 2 copies of this application, along with a copy of your Panther Degree Audit, and any FTCE exam score reports, to your advisor for signature:

1. One copy for your records
2. One copy for your advisor

Practicum  Internship

Semester:  Fall Spring

Name:

(First) (Middle) (Last)

Panther ID:

Email:

Address:

Phone:

Anticipated Graduation Date:

GK Exam passed  \_\_\_\_\_\_\_\_\_\_ PE Exam passed  \_\_\_\_\_\_\_\_\_\_ C&G Exam passed  \_\_\_\_\_\_\_\_\_\_

Preferred school district:  Broward  Miami-Dade

If an intern, where did you complete your practicum experience?

Who was your site supervisor?

Preferred Placement:

|  |  |
| --- | --- |
|  | School Name & Supervisor Name (if known) |
| Elem  MS  HS |  |
| Elem  MS  HS |  |
| Elem  MS  HS |  |

Student Signature: Date:

Advisor Signature: Date: