

**PETITION FOR ACCEPTANCE OF MASTER DEGREE PRACTICUM/INTERNSHIP HOURS**

Please list all practicum experiences you completed in your terminal Master’s program. Upon completion please email the form to the current Practicum Coordinator for review.

**Student Name**

**R#**

**Date**

Individual Therapy	Total Hours Face to Face	# of Different Individuals
Older Adults (65+)		
Adults (18-64)		
Adolescents (13-17)		
School Age (6-12)		
Pre-School Age (3-5)		
Infants/Toddlers (0-2)		

Site(s)

Type of setting(s)

Supervisor(s) Credentials (e.g., Ph.D. psychologist)

Grade(s) earned

Approve

Disapprove

Career Counseling	Total Hours Face to Face	# of Different Individuals
Adults (18-64)		
Adolescents (13-17)		

Site(s)

Type of setting(s)

Supervisor(s) Credentials (e.g., Ph.D. psychologist)

Grade(s) earned

Approve

Disapprove

Group Counseling	Total Hours Face to Face	# of Different Groups
Adults (18-64)		
Adolescents (13-17)		
Children (12 and under)		

Site(s)

Type of setting(s)

Supervisor(s) Credentials (e.g., Ph.D. psychologist)

Grade(s) earned

Approve

Disapprove

Family Therapy	Total Hours Face to Face	# of Different Families
Family Therapy		

Site(s)

Type of setting(s)

Supervisor(s) Credentials (e.g., Ph.D. psychologist)

Grade(s) earned

Approve

Disapprove

Couples Therapy	Total Hours Face to Face	# of Different Couples
Couples Therapy		

Site(s)

Type of setting(s)

Supervisor(s) Credentials (e.g., Ph.D. psychologist)

Grade(s) earned

Approve

Disapprove

School Counseling Interventions	Total Hours Face to Face	# of Different Individuals
Consultation		
Direct Intervention		
Other		
If other, please specify		

Site(s)

Type of setting(s)

Supervisor(s) Credentials (e.g., Ph.D. psychologist)

Grade(s) earned

Approve

Disapprove

Other Psychological Interventions	Total Hours Face to Face	# of Different Individuals
Sport Psychology/Performance Enhancement		
Medical/Health-Related Interventions		
Intake Interview/ Structured Interview		
Substance Abuse Interventions		
Consultation		
Other Interventions		
Describe the nature of the other interventions		

Site(s)

Type of setting(s)

Supervisor(s) Credentials (e.g., Ph.D. psychologist)

Grade(s) earned

Approve

Disapprove

Supervision	Total Hours Face to Face
Supervision of other students performing intervention or assessment activities	

Site(s)

Type of setting(s)

Supervisor(s) Credentials (e.g., Ph.D. psychologist)

Grade(s) earned

Approve

Disapprove

Total # of hours approved

Practicum Coordinator Signature

Date

Program Director Signature

Date