



# STUDENT COUNSELING CENTER

TEXAS TECH

Texas Tech University's Student Counseling Center

## PRACTICUM APPLICATION

**\*\* APPLICATION DUE DATE: SPRING 2026 Applications are due November 9, 2025 \*\***

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I prefer to be contacted via ( ) home phone ( ) work phone ( ) cell phone ( ) email

Graduate Department and Program: \_\_\_\_\_

Specialty Area: \_\_\_\_\_ No. of years in program: \_\_\_\_\_

- ☐ I am enrolled in a doctoral program
- ☐ I am enrolled in a master's program

Please indicate whether you would like to apply for the short or full practicum option:

- ☐ Short Practicum (9 hours)
- ☐ Full Practicum (15 hours)

Applying to a rotation is optional, and participation in a rotation is subject to availability and acceptance. Completion of relevant coursework is one requirement for acceptance in the Group Therapy rotation; please note this coursework below. I am interested in the following rotations (please select only one per semester at SCC, and indicate which semester you wish to complete the rotation):

- ☐ Group Facilitation (semester: \_\_\_\_\_)  
Related Course Title/Date: \_\_\_\_\_
- ☐ Couples Therapy (REC) \*\*.

**\*\*Applicant MUST be able to meet weekly for a 3 hour period for Couples and Family Therapy rotation in the Relationship Enhancement Center (REC). Day/Time TBA.**

**\*\*Important NOTE:** All applicants must be available for 1 hour case seminar (time TBD based on students' schedules).

**\*\*Please note below if you are aware of any dual role concerns between yourself and SCC staff. Practicum Coordinator will discuss any concerns during your interview and how to best manage multiple roles if they exist.**

**Dual role concerns between your and any SCC staff:    yes    no    (circle one)**

I have included the following information with this application (application and materials to be submitted **Monday, November 9, 2025** for Spring, 2026 semester

- ☐ Obtain permission from your departmental practicum supervisor (S/he must sign your application.)
- ☐ Enroll in a departmental practicum course
- ☐ Submit SCC Practicum Application form
- ☐ Submit a graduate transcript (a copy is acceptable)
- ☐ Submit a comprehensive vita that includes the following information for each previous practicum training:
  - Type of practicum/setting (e.g. inpatient unit, prison, community counseling center)
  - Dates at practicum
  - Number of total hours at practicum site
  - Number of client contact hours at practicum site
  - Number of supervision hours at practicum site
  - Supervisor's name and contact information at practicum site
- ☐ Submit one letter of recommendation from a supervisor who recently monitored your clinical work. Please make sure this letter identifies your strengths and growth edges in your clinical work as a trainee. (If this is your first practicum experience, please provide a letter from a supervisor who can address your interpersonal skills and any skills related to your counseling abilities. E.g. A supervisor of a volunteer position related to the counseling field would be a good choice to provide a letter of recommendation.)
- ☐ Submit a cover letter to Dr. Kailah Glock, Coordinator of Practicum Training, that addresses the following:
  - Your expectations and goals for the practicum/traineeship
  - Your strengths and growth edges as a counselor/therapist
  - Clinical areas in which you expect to focus/grow during practicum/traineeship
  - Expectations of a supervisor and qualities that you look for in a supervisor
  - Any additional information that you think would be helpful in the application process (optional)

The information contained in ALL of my application materials is accurate and truthful to the best of my knowledge. If I am accepted as a practicum student at the SCC, I agree to purchase malpractice insurance and provide proof of insurance for each semester that I am in training at the Student Counseling Center.

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Applicant's Signature

Date

*Applicant, please have your departmental practicum coordinator sign below!*

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**FOR DEPARTMENTAL PRACTICUM COORDINATOR:**

As the Practicum Coordinator of my department, I give this student my permission to apply to a practicum at the Student Counseling Center.

Departmental Practicum Coordinator's Name: \_\_\_\_\_

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Departmental Practicum Coordinator's Signature

Date

**Students, send application and application materials no later than Monday, November 9, 2025 to:**

Kailah Glock, Ph.D., [kglock@ttu.edu](mailto:kglock@ttu.edu)  
Coordinator of Practicum Training  
Student Counseling Center \* MS 45008  
Lubbock, TX 79409-5008

If you have questions, please contact Dr. Glock at 742-3674 or at [kglock@ttu.edu](mailto:kglock@ttu.edu).