

**Department of Counselor Education Documentation
Extracurricular Counseling Activities Form**

Instructions

Complete the following information. Present to the department chair, the original and two clear copies, all containing the signatures of the student, faculty advisor, and setting supervisor.

Student Name _____

UFID _____

UF Email _____

Nature of Proposed Activities

Number and Type(s) of Proposed Clients

Proposed Setting(s) and Hours

Proposed Supervisor(s) Name(s)

Supervisor(s) Credentials

Approval Signatures/Dates

Student

Date

Faculty Advisor

Date

Setting Supervisor

Date

Department Chairperson

Date

Original – Student File
Copy – Faculty Advisor
Copy - Student