



Instructions: Complete the information in the fields provided below. Review form upon completion and sign. Return completed form to the Department of Counselor Education office. Attach to this form an unofficial transcript from ISIS showing that you have met prerequisites to begin clinical experience.

Due: End of 6th week of term prior.

Student Demographic Information

Name:		UFID:
Advisor:	Degree Sought:	
Track:		
Home Phone	Work Phone	Cell Phone
UF Email:		

Clinical Term Information

Semester:	Year:	Clinical Experience:
Clinical Course:		Group Supervision Course:

ACD/EDC Prerequisites: MHS 5005, MHS 6401, MHS 6720, MHS 6200*, MHS 6428* & MHS 6500*

SGC Prerequisites: MHS 5005, MHS 6401, MHS 6720, SDS 6411, MHS 6200*, MHS 6428*, MHS 6500* & SDS 6421*

** indicate courses which can be taken concurrently with practicum*

Have you completed the prerequisites above for practicum? Yes No _____ *Initial*

By initialing above you, the student, attest that the prerequisites have been met to begin your practicum experience.

Proposed Clinical Sites – Must be Active Clinical Sites Approved by Department

1.
2.
3.
4.

Required Signatures

Student:	Date:
Academic Advisor:	Date:

The advisors signature attests that he or she has reviewed the student's transcript and the student has met the prerequisites.