

Virginia Commonwealth University
School of Education
Counselor Education Program
Practicum Application CLED 604 or CLED 608

Instructions: Please fill out this form completely. Attach a copy of your TB skin test results (results are good for one year from the test date).

General Information

NAME OF APPLICANT: _____

STUDENT ID NUMBER: _____

ADDRESS: _____

HOME PHONE: _____

EMAIL ADDRESS: _____

PRACTICUM COURSE (circle one): CLED 604 CLED 608

Prerequisites Met

CLED 600 _____

CLED 601 _____

CLED 602 _____

CLED 603 _____

CLED 610 _____

CLED 606 _____ (recommended completion)

Site preferences (not guaranteed)

1) Grade Level (circle one):

Primary/elementary (pk-6)

Middle (6-8)

Secondary (9-12)

Post-secondary (college—for CLED 608 students only)

2) **CLED 604:** School Division/Location (list top 3 choices) **CLED 608:**
(Example: Division Name, School Name) VCU office _____

a) _____ other _____

b) _____

c) _____

3) Are you interested in earning individual or group work hours at the Friends Association? Yes No

I understand that I am not guaranteed my first choice for a site placement. I also understand that I am to have a diverse placement experience, either through practicum or internship. I have attached a copy of an up to date Tuberculosis skin test.

Candidate's Signature

Date

Advisor's Signature

Date

Please return this form to the Counselor Education Office, Room 3096A