PERMISSION TO REGISTER FOR PRACTICUM/INTERNSHIP FOR CMHC
Department of Human Development and Psychological Counseling

Instructions Please type:
1. Student completes section A. Please note: All information is required.
2. Student's advisor signs section B.
3. Give completed/signed form to Field Experience Coordinator for your program.
4. To complete this form students are to meet with their CMHC Advisor, have this signed, email to the Clinical Field Experience Coordinate and then uploaded to Supervision Assist.

Section A:
Student Name: ____________________________________________
Banner ID#: ______________
Current Address: __________________________________________
ASU E-mail: ______________
Student Phone #: __________________________
Term when course is to be taken: __________________________
GPA: _____ Total # of hours that you will complete prior to taking practicum or internship

Student Emergency Contact Information: (must have to register)
Name: ____________________________________________
Relationship: ____________________________________________
Telephone #: __________________________
Email: ____________________________________________

I wish to be registered for the following course:

<table>
<thead>
<tr>
<th>HPC 5900 Practicum in:</th>
<th>HPC 6900 Internship in: for section</th>
</tr>
</thead>
<tbody>
<tr>
<td>__Counseling (3 cr.)</td>
<td>__Clinical Mental Health Counseling (3 cr.)</td>
</tr>
<tr>
<td></td>
<td>__Clinical Mental Health Counseling (6 cr.)</td>
</tr>
</tbody>
</table>

Section Ranking- Each semester you will be asked to rank order the available sections, through Google Forum, when requested via CMHC list-serv.

Section B:
This student has or will have the necessary prerequisites for taking the appropriate practicum or internship and has met all assessment and evaluation requirements to begin or continue in field placement and has my permission to register.

Advisor Signature ____________________________ Date _________

Form revised 9/02/2019