

School Counseling
Practicum Application
CI 6349

Name _____ CID# _____

Student at: Highland Lakes ____ Fredericksburg ____ San Angelo ____

E-mail _____@_____

School where 150 clock hours will be accrued _____

Address _____

City _____

Phone (_____) _____

School Principal _____

Certified School Counselor _____
for supervision

Degree Seeking ____ Certification (no degree) ____

Expected completion of all requirements:

May 20____ August 20____ December 20____

Additional courses needing completion:

Fall CI _____ CI _____ CI _____

Spring CI _____ CI _____ CI _____

Summer I CI _____ CI _____

Summer II CI _____ CI _____

To complete this application you must attach the following:

- 1) A letter from the school principal approving your conducting the practicum experience on their campus.
- 2) A letter from the certified school counselor stating their willingness to serve as site supervisor for your practicum experience.
- 3) A copy of your liability insurance related to the practicum experience (example: ATPE insurance, Texas Counselor Association student membership & insurance, etc.)

Return all materials to:

Mary E. McGlamery, PhD, LPC, LSSP
Department of Curriculum & Instruction
College of Education
Angelo State University
ASU Station #10921
San Angelo, Texas 76909

or

mmcglamery@angelo.edu

Angelo State University
Member, Texas Tech University System