

Graduate Training Program Application Form for 2017-2018

First	Middle		Last				
Local Address		City	State	Zip			
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Home /Work/ Cell Phone		Email					
Graduate Program							
Graduate Program(Counseling/Clinical Psychology, Counselor Education, Mental Health, Social Work)							
(Counseling Chinear 1 Sychol	ogy, Counselor Educatio	ni, ivientai iieatti	i, bociai work)				
University/College							
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Anticipated Graduation	Grad	luate hours you h	ave completed				
Number of practicum hours y	on have completed						
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Are you or have you ever bee	n a client at UCF Couns	eling and Psycho	ological Services	(formerly Counseling			
Center): No Yes If yes	s, what are/were the date	(s) of services re	ceived and with	whom:			
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(*see Eligibility Issues within th	e Premasters Training and	internship Section	of the Website)				
Please complete the chart belo	w regarding your recent	practicum experi	ences.				

Site name	# of hours per week	Start and end dates	Type of client population seen	# of clients	Avg. # of sessions per client	Presenting problems of clients