

Graduate Training Program Application Form for 2017-2018

First	Middle	Last
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Local Address	City	State	Zip
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Home /Work/ Cell Phone	Email
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Graduate Program _____
(Counseling/Clinical Psychology, Counselor Education, Mental Health, Social Work)

University/College _____

Anticipated Graduation_____ Graduate hours you have completed_____

Number of practicum hours you have completed _____

Are you or have you ever been a client at UCF Counseling and Psychological Services (formerly Counseling Center): No Yes -- If yes, what are/were the date(s) of services received and with whom:

(*see Eligibility Issues within the Premasters Training and Internship Section of the Website)

Please complete the chart below regarding your recent practicum experiences.

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