

Graduate Training Program Application Form for 2018-2019

 First Middle Last

 Local Address City State Zip

 Home /Work/ Cell Phone Email

 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