Duquesne University
Counselor Education Program

PRACTICUM APPLICATION

Name ________________________  Major ___________  Advisor _____________________

Cell Phone # ______________________  Email Address ____________________________

Home Phone # ______________________  Work Phone # __________________________

Requested Start Date for Practicum (Semester and Year) _____________________________

Please make a brief statement outlining the reasons you feel you are ready to begin practicum:

List how many credits you will have completed by the start of your practicum semester ________________
(a minimum of 36 credits are required)

Which specific courses in your major have you taken? ________________________________
(at least one is required)

If you are a school counseling major, have you taken and passed the 3 Praxis I exams (Reading, Writing, Math)?

How many “Incomplete Grades” are you carrying, and in what classes? ________________________________

Have you taken the practicum prerequisite courses? (GCNE 556, 557/700, 565, and 660 for School and Community Majors, GCNE 556, 557/700, 654, 571 and 660 for Marriage and Family Majors) ________________

What type of field site are you planning to use for your practicum? (Agency, school, etc.)

___________________________________________________________________________

___________________________________________________________________________

Student Signature  Date
(Please complete and attach to page 1, 4 and 5 of the CCSA form and submit by the required date)

Faculty comments:

____ Approved     _____ Conditionally Approved     _____ Rejected

Clinical Facilitator  Date