

**PERMISSION TO REGISTER FOR PRACTICUM/INTERNSHIP and Prof. Practice in CSD
DEPARTMENT OF HUMAN DEVELOPMENT AND PSYCHOLOGICAL COUNSELING**

Instructions:

1. Student completes section A. Please note: **All information is required.**
2. Student's advisor signs section B.
3. Give completed/signed form to HPC Student Services Manager.
4. Submit an ASU Internship Contract located at www.hpc.appstate.admission/resources
5. After your permission form & contract are submitted, you will be registered by the Registrar.

For office use only:	
_____	Internship Inventory
_____	Contract uploaded
_____	Electronic Signature

Section A:

Student Name: _____

Banner ID#: _____ Student Degree Program _____

Current Address: _____

ASU E-mail: _____

Student Phone #: _____

Term when course is to be taken: _____

GPA: _____ Total # of hours that you will complete prior to taking practicum or internship _____

Student Emergency Contact Information:

Name _____

Relationship _____

Telephone # _____

Internship Details:

Physical location of internship is domestic _____ or international _____

Internship Site is located in which state _____

Internship Site is located in which country _____

Agency Details:

Name of Agency _____

I wish to be registered for the following course:

HPC 5900 Practicum In:

___ Counseling (3 sh)
Section Preference _____
 ___ College Student Development (3 sh)

HPC 5460 Prof Practice in CSD:

Check all that apply:
 ___ 3 sh or ___ 6 sh

HPC 6900 Internship in:

___ Clinical Mental Health Counseling (3 sh)
Section Preference _____
 ___ Clinical Mental Health Counseling (6 sh)
Section Preference _____
 ___ Professional School Counseling (3 sh)
Section Preference _____
 ___ Professional School Counseling (6 sh)
Section Preference _____
 ___ Professional School Counseling (9 sh)
Section Preference _____
 ___ College Student Development (6 sh)
 ___ MFT ___ 3 sh or ___ 6 sh

Section B:

This student has or will have the necessary prerequisites for taking the appropriate practicum or internship and has my permission to register.

Advisor's Signature: _____ Date: _____