

Counseling & Psychological Services
Advanced Practicum Application
202 -202

1. Name: _____ Date: _____

2. Home Address: _____ Phone: _____

21"FH \$GGUHVV _____ 3KRQH _____

4. Master's Program and Institution:

5. Doctoral Program and Institution:

6. Cover Letter: 300 words and your experiences that have prepared you to work in a university counseling center.

\$ORQJ ZLWK WKHSORQH UHWHXUQHW KLV aduSroOita, DramsRog of RildPate
ZRUXQRILFLDO WUDQVFULSOG/ DOHWDFHRSWRDEGDHW urRm release
GDWH)HEUXDU300H VXEPLW DOO PDWHULDOV HOHFWURQLFDOO\

Email: rosi1914@stthomas.edu

WKH 6W 7

