

**The University of Memphis**  
**DEPARTMENT OF COUNSELING, EDUCATIONAL PSYCHOLOGY**  
**AND RESEARCH**

## DOCTORAL PRACTICUM APPLICATION

**SEMESTER (CHECK ONE)**

Fall \_\_\_\_\_

Spring \_\_\_\_\_

**AREA (CHECK ONE)**

Pract COUN 8511 \_\_\_\_\_

I \_\_\_\_\_

\_\_\_\_\_  
**Advisor's Signature & Date**

NAME: First                                      Last                                      MI                                      UM ID

Street and Number                                      City                                      State                                      Zip

Home Telephone                                      U of M E-mail                                      Alternate Phone Number

**Choose and Circle Type: Teaching/ Clinical/ Research/ Supervision & Administration/ Social Advocacy**

**Potential Practicum or Internship Site**

**Name, Address, Phone, Email & Address of On-Site Supervisor**

1. \_\_\_\_\_

\_\_\_\_\_

Have you contacted this site? Yes \_\_\_ No \_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

Have you contacted this site? Yes \_\_\_ No \_\_\_

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Degree? \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Degree? \_\_\_\_\_

Do you have liability insurance in place?\_\_\_\_\_

Have you discussed your choices with your chair/advisor?\_\_\_\_\_

Do you work at this site?\_\_\_\_\_ If so – in what capacity?\_\_\_\_\_

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\*Student's signature\_\_\_\_\_

Date Submitted \_\_\_\_\_

**NOTE – If you have any privacy blocks on your student information – you will not be receiving emails from our student list serve.**

Send to Counseling Practicum/Internship Coordinator, Department of Counseling,  
Educational Psychology and Research, The University of Memphis, Memphis, TN  
38152 Ball Hall 101A

**\*\* Deadlines Spring are the end of the 3rd week in September and for  
Fall and Summer they are the end of the 3<sup>rd</sup> week in February**