

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

## DOCTORAL PRACTICUM APPLICATION

**PRACTICUM SEMESTER &  
YEAR**

\_\_\_\_\_

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

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NAME: First	Last	MI	UM ID
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Street and Number	City	State	Zip
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Home Telephone	U of M E-mail	Alternate Phone Number
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**Potential Practicum Site Options:**

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

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

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

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

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

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 yes\*, in what capacity? \_\_\_\_\_  
\_\_\_\_\_

\*Please complete and submit a supplemental work agreement form.

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

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

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

Send to doctoral co-coordinators, Dr. Melanie Burgess (m.burgess@memphis.edu)  
or Dr. Chi Li (chi.li@memphis.edu).

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