

UNIVERSITY OF CENTRAL ARKANSAS  
COUNSELING CENTER

APPLICATION FOR:

PRACTICUM I \_\_\_\_\_  
PRACTICUM II \_\_\_\_\_  
GRADUATE ASSISTANTSHIP \_\_\_\_\_  
INTERNSHIP \_\_\_\_\_

DR. JIM GUINEE  
DIRECTOR OF TRAINING

**Application [Please Type or Print]**

*Part I: Background Information*

Name:

Date:

Local Address:

Phone Numbers:

Cub Account Email address:

Alternative Email addresses:

Student ID#:

Previous college(s) attended:

Dates Attended:

Degree(s)/Major(s) & GPA(s):

UCA Graduate Program: \_\_\_\_\_ Counseling Psychology \_\_\_\_\_ Community Counseling

Hours completed (after this semester):

Expected Graduation Date:

Practicum I (date): Instructor:

Location & Agency Supervisor:

Practicum II (date): Instructor:

Location & Agency Supervisor:

Practicum III (date): Instructor:

Location & Agency Supervisor:

