

APPLICATION FOR WAIVER OF REQUIRED PRACTICUM EXPERIENCE

Complete a separate practicum waiver form for each different agency in which you have worked.

NAME OF STUDENT _____ DATE _____

1. Item No. and name on Form 1 of Program Proposal for which waiver is requested:
 _____ No. of credits requested: _____

2. Document below the Pre-GSAPP practicum experience which is the primary basis of your request for a waiver of the course listed above.

A. Name and Address of Institution in which practicum experience took place:

Name of Institution _____

Address _____

B. Type of Setting (State Mental Hospital, Community Mental Health Center, etc.)

C. Date Experience Began _____ Date Ended _____

D. Average Hours Per Week in Experience _____

E. Total Hours Spent in Experience (from items C & D) _____

F. Average Hours Per Week in Contact with Clients _____

G. Average Hours Per Week Contact with Consultees _____

H. List below all supervisors:

<u>Name of Supervisor</u>	<u>Discipline</u>	<u>Degree</u>	<u>Individual or Group Supervision</u>	<u>If Group, No. of Other Students in the Group</u>	<u>Average Minutes Per Week</u>

I. Briefly describe the type of client population or consultee population seen (age, sex, type of problems involved, etc.):

J. Briefly describe the type of practicum work involved (e.g., administration of WAIS tests, intake screening interviews, inpatient ward aide, etc.):

SIGNATURES:

1. **Student** _____ Date _____

2. **Practicum
Coordinator** _____ Date _____

3. **Department
Chair** _____ Date _____