

Counseling & Psychological Services  
Advanced Practicum Application  
2024-2025

1. Name: \_\_\_\_\_ Date: \_\_\_\_\_

2. Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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21" FH \$ @ M \_\_\_\_\_ 3KRQH \_\_\_\_\_

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4. Master's Program and Institution:

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5. Doctoral Program and Institution:

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6. Cover Letter: 3OHDVH GLVFXVV \RXU VSHFL" F JRDOV IRU WKH SUDFWLFXP \R and your experiences that have prepared you to work in a university counseling center.

\$ORQJ ZLWK WKHSORHWH QHWHXHQ WKLVDSSOLFDWLRQ IRUP a current vita, tran  
ZRUXQR" FLDDQ VDFUHSWHS WDEGQHWRPHURPPHVLGRD uniform release  
GDWH )HEUXDU3OHDVH VXEPLW DOO PDWHULDOV HOHFWURQLFDOO\

Email: [rosi1914@stthomas.edu](mailto:rosi1914@stthomas.edu)

7KLV DGYDQFHG SUDFWLFXP SRVLWLRQ RIIHUV WKUHH 'RFWRUDO OHYH  
vide individual personal counseling to undergraduate and graduate students in a university counseling center.  
&RXQVHOMVQFKRDRJLFDO\$36U\$URHWLGHV FRPSUHKHQVLYH SV\FKRORJLFDO V  
RI WKH 8QLYHUVLW\ RI 6W 7KRPDV ,Q DGGLWLRQ &\$36 KDV DQ \$3\$ DFFUH  
LQJ D SUDFWLFXP SRVLWLRQ DW &\$36 KDV QR QHJDWLYH HIIHFW RQ VXFFH  
practicum students having done so in the past.

Time Commitment: 7KH DGYDQFHG SUDFWLFXP SRVLWLRQ XUVVSHUXZWHN 7KH S  
WKH7KRPDV DFDGHPLF \HDU IURP 6HSHWPEHU WKURXJK OD\  
VWXGHQWVM VFKHG&36M QJHQJHRQDWHKHLU RWKHU WLPH FRP  
SUDFWLFXP VWXGHQWV DURHEW KHUH RQ 7XHVGD\ PRUQLQJV

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