

APPLICATION FOR WAIVER OF REQUIRED PRACTICUM EXPERIENCE

Complete a separate practicum waiver form for each difference 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>	Individual <u>or Group Supv.</u>	If Group, No. of Other <u>Students in Group</u>	Average Minutes <u>Per Week</u>
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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: _____