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:

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<tr>
<th>Name of Supervisor</th>
<th>Discipline</th>
<th>Degree</th>
<th>Individual or Group Supv.</th>
<th>If Group, No. of Other Students in Group</th>
<th>Average Minutes Per Week</th>
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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: _________________