

Educational Leadership and Counseling DEPARTMENTAL APPROVAL FORM

(Please print)

Student name:

Social security number:

E-mail:

Work phone:

Work fax:

Home phone:

Home fax:

Cell phone:

I am seeking to enroll in the following CNE 676 course:

Semester:

Year:

Course prefix & number: *CNE 676*

Section:

Course CID number:

Course title: *Supervised Practice in Counseling*

Additional courses you are planning to take *during the same semester* as CNE 676:

Courses needed to graduate *after* the semester you take CNE 676:

Please circle your "track". Circle all that apply (School Counseling; LPC; LMFT):

Do you speak Spanish? ___ Yes ___ No

Before taking CNE 676, will you have you have completed:

CNE 599 (Play Therapy Basics)? ___ Yes ___ No

CNE 632 (Theories of Marriage and Family Therapy)? ___ Yes ___ No

CNE 633 (Techniques of Marriage and Family Therapy)? ___ Yes ___ No

Professor's signature: _____ Student's signature: _____

Date: _____

Date: _____

Submit CNE 676 form to Dr. Bruhn (edu_rab@shsu.edu) at least one semester before pre-registration.