# DEPARTMENTAL APPROVAL FORM

(Please print)

<table>
<thead>
<tr>
<th>Student name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SamID Number:</td>
<td>E-mail:</td>
</tr>
<tr>
<td>Work phone:</td>
<td>Work fax:</td>
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<tr>
<td>Home phone:</td>
<td>Home fax:</td>
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<tr>
<td>Cell phone:</td>
<td></td>
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</tbody>
</table>

I am seeking to enroll in the following COUN 6376 course:

- **Semester:**
- **Year:**

- **Course prefix & number:** COUN 6376
- **Section:**

- **Course CID number:**

- **Course title:** *Supervised Practice in Counseling*

Additional courses you are planning to take during the same semester as COUN 6376:

Courses needed to graduate after the semester you take COUN 6376:

- Please circle your “track”. Circle all that apply (School Counseling; CMHC)

  - Do you speak Spanish? ___Yes ___No

  - Before taking CNE 6376, will you have you have completed:
    - COUN 5399 (Play Therapy Basics)? ___Yes ___No
    - COUN 6332 (Theories of Marriage and Family Therapy)? ___Yes ___No
    - COUN 6333 (Techniques of Marriage and Family Therapy)? ___Yes ___No

- Professor’s signature: ___________________________ Student’s signature: ___________________________
- Date: ___________________________ Date: ___________________________

Submit COUN 6376 form to Dr. Bruhn ([edu_rab@shsu.edu](mailto:edu_rab@shsu.edu)) at least one semester before pre-registration.