

Counselor Education **DEPARTMENTAL APPROVAL FORM**

(Please print)

Student Name:

Date:

Sam ID Number:

SHSU Email:

Work Phone:

Work Fax:

Home Phone:

Home Fax:

Cell Phone:

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

Semester:

Year:

Course prefix & number: COUN 6376

Section:

Course CRN 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, MCFC)

Do you speak Spanish? _____ Yes _____ No

Before taking CNE 6376, will you have completed:

COUN 5399 (Play Therapy Basics)? _____ Yes _____ No

COUN 6332 (Theories of Marriage and Family Therapy)? _____ Yes _____ No

COUN 6333 or 6338 (Techniques of Couple/Family Therapy)? _____ Yes _____ No

Student's signature: _____

Date: _____

Submit COUN 6376 form to Dr. Watts (rew003@shsu.edu) at least one semester before pre-registration.