



WESTERN MICHIGAN UNIVERSITY

DEPARTMENT OF COUNSELOR EDUCATION AND COUNSELING PSYCHOLOGY
APPLICATION FOR PERMISSION TO ELECT CECP 6120, COUNSELING PRACTICUM
ON-SITE AT WASHINGTON WRITERS' ACADEMY

Registration for the WWA on-site 6120 practicum experience depends on departmental approval of this application, completion of all course prerequisites, submission of two references, a program of study, a current resume and a personal interview. You must also submit a completed regular application for CECP 6120 along with this application.

Date: _____

Name _____ WIN #. _____

Telephone: Home # _____ Work #. _____

Advisor: _____ CECP Program/Option _____

Fall _____

Spring _____

Due to the nature of this practicum, it is important that you take this opportunity to answer some questions about yourself and your career goals. Please answer these questions as honestly as possible.

1. Have you ever had experience working with a racial or ethnic minority population? If so, please briefly describe your experience.

2. What attitudes do you believe are important in working with parents and students of a highly transient population?

3. What are your future occupational goals and how would this experience relate to them?

4. When working in a school setting, how would you resolve conflicts that might include students, teachers, principal, and/or other professionals?

5. Practicum assignments will require some flexibility in scheduling. Please list the days and times of the week that you will be available for on-site practicum assignments.

6. Will you be available for a weekday personal interview?

7. Would you also be interested in a field practicum (internship) at this site?

Please provide two references that we may contact for information regarding the quality of your academic work and counseling related employment or experiences. One of your references must be a professor. References may be asked about their perception of your suitability for this on-site practicum.

1. Name and Title:

Organization:

Street Address:

City, State, Zip:

Day phone:

Evening Phone:

2. Name and Title:

Organization:

Street Address:

City, State, Zip:

Day phone:

Evening Phone: