

**BETHEL UNIVERSITY**  
**M.A. COUNSELING PSYCHOLOGY PROGRAM**  
**PRACTICUM APPROVAL FORM**

Student's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Practicum Site \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Supervisor's Degree and License Number \_\_\_\_\_

Supervisor's Phone Number \_\_\_\_\_

Best Time Supervisor Can Be Reached \_\_\_\_\_

Supervisor's Email \_\_\_\_\_

Anticipated Dates of Practicum \_\_\_\_\_ to \_\_\_\_\_

Anticipated Practicum Professional Experience:

Individual Counseling

Group Counseling

Family Counseling

Assessment

Other

Note: Student must receive at least one hour per week of individual, face-to-face supervision from a Licensed Mental Health Professional

\_\_\_\_\_  
Student Date

\_\_\_\_\_  
Site Supervisor Date

\_\_\_\_\_  
Bethel Clinical Director Date