



Please follow the instruction below to apply for practicum. Should you have any questions, please contact your advisor or Dr. Perry C. Francis (734.487.0255 or pfrancis@emich.edu) for clarification.

Step One:	<p>Obtain a practicum application from the department website (www.emich.edu/coe/Lead_Coun/) or department office.</p> <p>Please complete and return the application by the stated deadline dates with your unofficial transcript to:</p> <p style="padding-left: 40px;">Perry C. Francis Eastern Michigan University Dept. of Leadership & Counseling John W. Porter Building, Suite 304 Ypsilanti, MI 48197</p> <p>Unofficial transcripts can be obtained from your my.emich account on the web.</p>
Step Two:	<p>The COE-Counseling Clinic Coordinator will process the application and present them to the practicum committee & faculty for review.</p> <p>Criteria for placement in practicum may include:</p> <ul style="list-style-type: none">• Consideration of readiness to see clients in the clinic• Proximity to graduation (students with more credits are generally given preference over those with fewer credits)• Available space in practicum classes• Scheduling issues
Step Three:	<p>A letter will be sent by the COE Counseling Clinic Coordinator informing the applicant of the decision of the faculty. If a placement is made, the letter will inform the applicant to which section of practicum he or she is assigned.</p>

PLEASE NOTE: Late applications may be accepted but will not be processed until on-time applications are processed and placed.

For a more complete explanation of the practicum application process, please refer to the Practicum Manual found on the departmental webpage.



APPLICATION DEADLINES

FALL: MARCH 15TH WINTER: OCTOBER 15TH SPRING/SUMMER: JANUARY 15TH

PLEASE ATTACH AN UNOFFICIAL COPY OF YOUR TRANSCRIPT TO THIS APPLICATION.
UNOFFICIAL COPIES OF YOUR TRANSCRIPT CAN BE PRINTED FROM YOUR MY EMICH ACCOUNT.

RETURN TO:
PERRY C. FRANCIS
EASTERN MICHIGAN UNIVERSITY
DEPT OF LEADERSHIP & COUNSELING
JOHN W. PORTER BUILDING, SUITE 304
YPSILANTI, MI 48197

Office use only:
Date Received: _____
Practicum Assignment: _____ Semester/Year: _____/_____

Name: _____ Student #: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
E-Mail: _____ My preferred contact: Home Work Cell
Advisor: _____ Student Status: Full-Time Part-Time
Area of Specialization: School Counseling
 Community Counseling
 College Counseling

Semester Requested for practicum: Winter Fall Spring/Summer

Employment Information: Do you work? Full-Time Part-Time

Present Position: _____

Please check the courses you have completed or are in the process of completing.
If you are applying for Fall practicum identify any courses you plan to take in Spring (SP) or Summer (SU).
No student may begin practicum until all the core courses have been successfully completed.

Core	COUN-502	COUN-505	COUN-508	COUN-510	COUN-520
	COUN-530	COUN-540	COUN-571	COUN-622	
Specialization					
School:	COUN-612	COUN-650	COUN-696		
Community:	COUN-631	COUN-660	COUN-694		
College:	COUN-550	COUN-551	COUN-692		
Electives	COUN-515	COUN-574	COUN-575	COUN-590 or 591	
	COUN-631	COUN-651	COUN-655	Other:	
	Other:		Other:		
	Other:		Other:		
Cognate	EDPS-677				
Total Number of Semester Hours Completed:			Anticipated Graduation Semester/Year:	_____/_____	