

Educational Leadership and Counseling DEPARTMENTAL APPROVAL FORM

(Please print)

Student name:

Date:

SamID Number:

E-mail:

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 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) at least one semester before pre-registration.