



Graduate Program in Counseling

Stage 2 Review (pg. 1) - Admission to Internship/Practicum

Graduate Student _____ **ID:@** _____

This review is to be completed at the end of Stage 2 coursework and presented to the Graduate Counseling Programs Committee (GCPC) for acceptance into the Internship/Practicum.

Required Attachments
School Counseling – Admission to Practicum

Licensure: Elementary Secondary

To Licensure Office (original copies)
Field Experience Paperwork:

- ___ Principles of School Counseling
- ___ Counseling in the Elementary School
- ___ Occupational Information and Career Counseling

* = Course is being taken concurrently with Practicum

Required Attachments
Clinical Mental Health – Admission to Internship

Field Experience Paperwork:

- ___ Psychopathology II Dispositions
- ___ Psychopathology II Licensure Form

Section to be completed by Graduate Student (Candidate)

I, _____ wish to make a formal application to be reviewed for Internship/Practicum in:

Check program and concentration below

Program	Masters of Science	Masters of Science	CAGS - IS
Concentration/ Direction/ Licensure	<input type="checkbox"/> MS: SC PK - 8 <input type="checkbox"/> MS: SC 5-12	<input type="checkbox"/> MS: CMH	<input type="checkbox"/> CAGS: CMH <input type="checkbox"/> CAGS: SC PK-8 <input type="checkbox"/> CAGS: SC 5-12

Street Address: _____

Town/City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I am aware that I must complete an Application for Degree form (obtainable at the Registrar’s Office or online) at the beginning of the Fall semester.

I am aware that:

- a) I may need to have a CORI and fingerprinting felony check prior to some field experiences and
- b) Any convictions may result in the denial of Massachusetts Licensure.

I understand that all of the following requirements (listed on page 2) must be met prior to acceptance into Practicum/Internship.

Student’s Signature _____ **Date** _____



MHC students: Retain original document for future licensure application. 2 copies to Advisor.
SC students: White (licensure) and yellow copies to program advisor; pink copy for student records.



**Graduate Program in Counseling
Stage 2 Review (pg.2)**

Graduate Student _____ ID: @ _____

Section to be completed by University Advisor

How many credits has the student completed? _____ Date of Stage 1 Review _____

Requirements	“Yes”	“No” (Note the next action step)
1. Completed or in the process of completing all Stage 2 courses required for Internship/Practicum without incompletes		Courses to be completed:
2. Overall cumulative grade point average at least a 3.25		
3. All grades in each Stage 2 courses at least a 3.0.		
4. Demonstrates appropriate ethical behavior (Candidacy Statement Paper, Candidate Dispositions Assessments, Field Experience Evaluations).		
5. Demonstrates competent interpersonal behaviors (e.g. with peers, faculty, supervisors, clients). Candidate Dispositions Assessments and Field Experience Agreements.		
6. Demonstrates effective writing and oral communication skills (Candidacy Statement Paper and Candidate Disposition Assessments).		
7. Completed Practicum/Internship Planning Sheet. Completed form is to be forwarded to the Field Placement Coordinator with two resumes and letter of Intent if student’s placement is also his/her place of employment.		

University Advisor’s Recommendation:

- Admit to internship/practicum Consultation with Graduate Counseling faculty

Advisor Signature _____ Date _____

Graduate Counseling Programs Committee recommendation:

- Admit to internship/practicum Drop from the Program

Admission is not granted at this time. Student needs to take these actions to demonstrate competencies.
(Provide course number and title if applicable): _____

Other (Specify): _____

Graduate Counseling Chair Signature: _____ Date: _____

Action by the Dean of Education for approval to admit to the Fitchburg State School Counseling practicum.

(For students in the School Counseling course of study)

- Award Admission Deny Admission (Reason) _____

Signature of the Dean of Education or Designee: _____ Date _____



**CMH students: Retain original document for future licensure application. 2 copies to Advisor.
SC students: White (licensure) and yellow copies to program advisor; pink copy for student records.**