Date: __________________________________________________________

Student’s Name: ___________________________________________ ID#: ____________________________

Semester to begin clinical training and the Supervised Practicum course (Circle one):

Fall                     Spring                     Summer                     Year ________

Please check the courses you have completed thus far while in the MFT program:

_____ Foundational Courses: Theories of Personality and/or Counseling Theories

_____ Law and Ethics

_____ Psychopathology

_____ Professional Development I

_____ Professional Development II

_____ Theories of Marriage and Family Therapy

_____ Child Abuse Seminar

_____ Additional Courses: ____________________________________________

__________________________________________

Student’s Signature                        Date

ADMINISTRATIVE USE ONLY:

Courses Verified: __________________________ GPA: __________________________ Date Filed: __________

Approved by: ______________________________ Date: __________