

Argosy University, Chicago

American School of Professional Psychology

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PRACTICUM INTENT FORM

INSTRUCTIONS:

- Save this form on your computer. Fill out the form and send it as an attachment using your Argosy e-mail account to **jpwebb@argosy.edu**
- You must submit this form **electronically**. Your name, **Last Name, First Name must be in the subject line of your e-mail.**
- This is a form that allows you to type in your information in the spaces provided. Type an "X" anywhere there is box.

Student Name (Last, First)

Date of Submission

Year Entered Current Program

Phone Number

Advisor

University E-mail Account

Other Frequently Use E-mail Address

I plan to go on practicum during the _____ academic year.
(Insert academic year)

I will be seeking the following type of practicum (choose one):

M.A. Counseling

Ed.D. Counselor Education and Supervision

INFORMED CONSENT

I hereby agree that personally identifiable information about me, including but not limited to my academic and professional qualifications, performance and character, in whatever form maintained, may be provided by my academic program to any practicum training site to which I have applied and/or will match. I further agree that, following any practicum match, similar information may be provided by the practicum site to my graduate program. I understand that such exchange of information shall be limited to my graduate program and any practicum site and such information may not be provided to other parties without my consent. This authorization, which may be revoked at any time, supersedes any prior authorization involving the same subject matter.

Signature

Date