

**MURRAY STATE UNIVERSITY COUNSELING PROGRAM
PRACTICUM/INTERNSHIP FIELD SETTING APPROVAL FORM**

STUDENT NAME: _____

SEMESTER AND YEAR: _____

CNS 790 ____ CNS 794 ____ CNS 795 ____ CNS 796* ____ CNS 797* ____

PREVIOUS SETTING: _____

FIELD SETTING: _____

FIELD SUPERVISOR: _____

TITLE, DEGREE, CERTIFICATES, LICENSES: _____

CHECKLIST: **Please initial**

___ 1.