APPLICATION FOR AED 7380  
Art Therapy Practicum

Semester/Year ______ Course CRN __________________________

1. Indicate Service-Learning Placement completed in AED 6320.

2. Indicate when you completed these classes, or the expected date of completion, and grade received.
   - AED 6320  AED 7330
   - AED 7340  AED 7500
   - AED 6340  EDP 7370
   - AED 7310 or Counseling group classes
   - AED 7300 (or concurrent enrollment)

3. Student Liability insurance (attach copy)_____________________

4. Negative TB test. (Attach Copy) ___________________________

5. Psychology (pre-reqs) List courses and credits completed:

6. Studio Art (pre-reqs) List courses and credits completed:

Preference for individual  _____ group  _____ child client  _____ adult client ____

Additional information you would like to add about yourself:

_____ I understand that I am expected to be present every scheduled Saturday of the semester.

Name______________________________________________________

Access ID__________________ Student #________________________

Due one semester in advance of your planned registration. Submit to 163 Comm Arts.