

AGREEMENT BETWEEN

DEPARTMENT OF COUNSELOR EDUCATION AND COUNSELING PSYCHOLOGY (CECP)

AT MARQUETTE UNIVERSITY

AND

COOPERATING AGENCY:

Address

Telephone

FOR THE CONDUCT OF A SUPERVISED COUNSELING PSYCHOLOGY PRACTICUM

The above named agency agrees to provide the facilities, student work opportunity, instruction, and supervision necessary to properly conduct a counseling practicum experience for the student named below and according to the guidelines described in the Department of Counselor Education and Counseling Psychology Handbook for Counseling Practicum (COPS 8965) and the Clinical Affiliation Agreement.

Name of Practicum Student _____

Inclusive Dates of Practicum _____ **# Credits/Semester** _____

Agency Director

Signature

Date

***Supervising Psychologist**

Signature

Date

Supervisor's Printed Name

Practicum Student

Signature

Date

**Director of Training
CECP Marquette University**

Signature

Date

*Please attach a copy of the Primary Supervisor's Vita and License/Certification