AGREEMENT BETWEEN

$\frac{\text{MARQUETTE UNIVERSITY}}{\text{DEPARTMENT OF COUNSELOR EDUCATION AND COUNSELING PSYCHOLOGY}}_{\mathcal{R}}$

COOPERATING AGENCY (Name and Address):

| Telephone: | Email: | |
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| FOR THE CONDUCT OF A SUPERVISED COUNSELING PRACTICUM | | |
| supervision necessary to proper below and according to the guid Counseling Psychology's "Han Specifically, students are requir supervision per week. Supervisi psychiatrist) for at least two year supervise if they have supervisi The practicum course instructor through biweekly consultation of | is to provide the facilities, student work by conduct a counseling practicum experience described in the Department of Codbook for Master's Counseling Practicular to receive a minimum of one hour of the ors must be licensed (i.e., LPC, LCSW, are and have training to supervise. Doctor training and are receiving supervision will consult with the on-site supervisor (visit, email or phone) and two site visites are evaluation of the student at midterm | crience for the student named Counselor Education and am and Internship." If individual or triadic on-site psychologist, LMFT, or oral students are permitted to n of supervision. If about the student's progress studing the semester. On-site |
| Name of Student | Print Name | |
| Inclusive Dates of Practicum | Month/Date/Year | |
| On-Site Supervisor | Print Name | |
| Agency or Clinic Director | Signature | Date |
| | Print Name | |
| Practicum Student | Signature | Date |
| | Signature | Date |
| Marquette Faculty Supervisor | Signature | Date |