

**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.