Pre-Application to enter Clinic

This application is to be completed by the student by MID-SEMESTER prior to the semester that the student plans to enter CSD 310 Clinical Procedures. After the application has been approved, you will be permitted to proceed to enroll in CSD 310.

I. Applicant’s Name ____________________________ Date _______________________

Phone Numbers ____________________ (home) ________________________ (work)

Advisor ________________ Overall GPA _____________ Classification __________

Total Credit Hours ______________ Semester to Enter Clinical Procedures __________

Semester to Enter Practicum ______________

II. Please indicate the grade you earned for the following courses. Please give the current grade if presently enrolled in course and put an asterisk (*) next to it. NOTE: Student must have no less than a 3.0 average in the courses listed below. If you do not meet these criteria then please contact the Clinical Director.

<table>
<thead>
<tr>
<th>Course</th>
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<tbody>
<tr>
<td>CSD 202</td>
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<td>CSD 205</td>
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<td>CSD 307</td>
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<td>CSD 203</td>
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<td>CSD 207*</td>
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<td>CSD 204</td>
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<td>CSD 215</td>
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GPA for above course __________

III. I certify that all the information given above is correct and respectfully request approval to enter CSD 310.

_________________________________________  ________________________________
Student’s Signature                      Advisor’s Signature

_________________________________________
Director of Clinical Services

_________________________________________
Date

PC: Program Director/Coordinator

* If taking Graduate CSD pre-requisites, this course is not required.