



Student Health and Wellness

700 University BLVD., MCS 112

Kingsville, Texas 78363-8202

Phone: (361) 593-3991 \* Fax (361) 593-2006

**Master's-Level Practicum Counselor Experience  
Permission to Conduct an Academic and Disciplinary Review  
And Criminal Background Check**

*Please initial that you understand each item below*

\_\_\_\_\_ I understand the responsibilities of the Student Health and Wellness –  
Counseling Services Practicum Program as outlined in the Practicum Counselor  
Job Description.

\_\_\_\_\_ I understand that I must make arrangements to attend all scheduled trainings and  
promotional events.

\_\_\_\_\_ I understand that I must maintain a cumulative GPA of 3.0 or higher.

\_\_\_\_\_ I understand that I must reapply every semester and I am not guaranteed a  
position as a Practicum Counselor with SHW Counseling Services.

\_\_\_\_\_ I give SHW Counseling Services permission to check my academic and  
disciplinary standing with the Dean of Students Office.

\_\_\_\_\_ I give SHW Counseling Services permission to conduct a criminal background  
check.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

K#: \_\_\_\_\_

DOB: \_\_\_\_\_

Date: \_\_\_\_\_