

3/21/11

Department of Family Sciences

FS 6253 Supervision in Family Therapy Application

I am applying to enroll in the following semester: FALL ___ SPRING ___ SUMMER ___
Year Year Year

Application for the **Spring** semester is due **October 15**.

Revised 9/2010

Application for the **Summer** semester is due **March 15**.

Application for the **Fall** semester is due **June 15**.

DATE _____

NAME _____ Student ID # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE: Home _____ Work _____ Cell _____

EMAIL _____

Mark the category(ies) that applies to you:

_____ I am currently enrolled in my 3rd or 4th semester of Adv. Internship in Family Therapy as a part of my PhD program.

_____ I am currently licensed as _____ and am in practice.

- Please print and complete this form, and if you are currently a TWU student, **attach a copy of your Portal transcript**, and return it to HDB 115 for the Family Therapy Component Coordinator by the appropriate **deadline** above. Please have the staff date stamp your application.
- If you are a licensed mental health practitioner and *not* a student, please print, complete, and mail this form to Family Therapy Program, P.O. Box 425769, Denton, TX 76204-5769.