

THERAPY CENTER **APPLICATION FOR CANDIDACY**

Student's Name _____ **Date** _____

TRAINING ANALYSIS REQUIREMENTS

Analyst's Name _____

Analytic Hours to Date _____
(Individual Analysis, Not Estimated)

Analyst's Signature _____

COURSEWORK REQUIREMENTS

20 Courses Completed to Date

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Educational Review _____
(Advisor's Signature)

Completion of Field Work Form Received _____
(Dean of Academic Affairs)

Admitted to Candidacy _____
(Dean of Academic Affairs)

Date _____