

Wellness Center 1420 Austin Bluffs Parkway Colorado Springs, CO 80918 Phone: (719) 255-4444

Wellness Center Mental Health Services (MHS)

Application Documents Checklist

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1.	One copy of Curricular Vitae			
2.	Three recommendation letters from instructors and/or supervisors who			
	can comment on current clinical skills and interests, academic			
	and research background, learning style, and interpersonal style in teams			
3.	Letter of intent			
4.	Completed and signed Wellness Center Mental Health Services Student Application			
	Form			
5.	Utilized any clinical services at the Wellness Center Mental Health Services, formerly the			
	UCCS University Counseling Center Yes No			
	(If no continue with process for applying, if yes then you are ineligible to apply)			



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Wellness Center Mental Health Services (MHS) Student Application Form

Please fill in all the bla	anks.				
Student Name:					
Mail address:					
			Email:		
Ph: (Home)(Work)			(Cell)		
Name of School/Camp	ous:				
Department:Specialty (if applicable):					
Academic Supervisor/	Dean of Clinic	eal Training (DCT):			
DCT/Academic Supervisor's Phone: E-mail:					
How many hours per week will you be able to work at MHS?					
contact, etc.):					
Any supervision format specifications (e.g. individual, group, peer, etc.)					
Any other program spe	ecifications for	your practicum/int	ternship experience that were not		
mentioned above:					
Applicant Signature			Date		

If you have any questions, please contact Melissa Cole. at (719) 255-4452 or at mcole4@uccs.edu