The William Glasser Institute

Application to Attend Advanced Intensive Week

Date: _____ Location (City, State): _____

Applicant:	Complete **Address/Basic Week/Evaluation Sections**, sign and date, then forward to your **Basic Practicum Supervisor**.
Practicum Supervisor:	Complete **Co-Verfication**, sign, date, then return to **Applicant**.
Applicant:	Remit application to **Organizer**, along with $50.00 deposit made payable to organizer's designation. Balance of fees are due at commencement of your Advanced Intensive Week.

Completion of this form confirms that participants attending an Advanced Intensive Week have completed the necessary prerequisites (Basic Intensive Week and Basic Practicum) and have received co-verification from their Basic Practicum Supervisor to attend.

Last Name: _____ First: _____ M.I. _____

Home Address: _____ City/Town: _____

State/Province: _____ Zip/Postal Code: _____ Country: _____

Phone (include country/city/area access codes): Home: _____ Work: _____

Fax #: _____ E-Mail Address: _____

Basic Intensive Week Date: Instructor:

Basic Practicum Dates: Supervisor:

Applicant's Self-Evaluation	Supervisor's Co-Verification
1. Specific area(s) in which I describe my performance as quality:	
2. Specific area(s) in which I believe I need to improve the quality of my performance:	
I have successfully completed the requirements of the Basic Practicum and believe I am ready to attend my Advanced Intensive Week.	
Signature of Applicant Date:	Signature of Supervisor Date:

White copy: Applicant; Canary copy: Organizer; Pink copy: Returned by Organizer to Institute at conclusion of week.

Form IW-2 Rev. 10/99