

SITE SELECTION FORM

This form should be used if you are:

- A student who seeks placement in one of the departments' active sites from the Practicum Agency List.

This form should NOT be used if:

- If you are proposing an independent site not in the Practicum Agency List. Please refer to the Independent Site Selection form.
- If you are a teaching and training practicum student. Please refer to the Teaching and Training Site Selection form.

Teaching and Training/Teaching Assistant Sites are approved for Ph.D students only.

- All forms are to be submitted electronically to the practicum coordinator/advisor.

Student is responsible for submitting the completed form to the practicum coordinator two weeks before the start of the term. Late submissions will compromise your course grade.

Student should submit an updated resume/CV attached to this form.

If you have any additional questions please contact the practicum coordinator, see contact information above.

<input type="checkbox"/> Practicum I	Term & Year _____	Program/Department
<input type="checkbox"/> Practicum II	Term & Year _____	<input type="checkbox"/> DCRS (MS or Ph.D) <i>(Teaching and Training/Teaching Assistant Sites are approved for Ph.D students only.)</i>
		<input type="checkbox"/> MACS/DCRS
		<input type="checkbox"/> CSA/DMS
		<input type="checkbox"/> NSA/DMS

Please print or type.

Date Submitted to Practicum Coordinator: _____

Student Name: _____ N# _____ NSU E-mail: _____

Address: _____

Work Phone: _____ Home Phone: _____ Mobile: _____

Practicum Professor: _____

Practicum Site: _____

Name of Site Supervisor: _____ Title _____

Telephone: _____ Fax: _____ Email _____

Site Address: _____ Website _____

1. Has the site indicated they will accept you as a practicum student? _____
2. Date the agency indicated they accept becoming your practicum site? _____
3. Attach a copy of an updated resume/CV.

For office use only: Received _____