



# SITE SELECTION FORM

## Department of Multidisciplinary Studies

Student is responsible for submitting the completed form electronically to the practicum coordinator **two weeks before the term.**

**Late submissions will compromise your course grade.**

Students 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 _____	<b>Program/Department</b>
<input type="checkbox"/> Practicum II	Term & Year _____	<input type="checkbox"/> MACS/DMS
		<input type="checkbox"/> CSA/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* \_\_\_\_\_