



# 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.**

*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? \_\_\_\_\_

For office use only: Received \_\_\_\_\_