

COMPLETE BOTH SIDES OF THIS APPLICATION

NOTE: A separate application form is REQUIRED for EACH Internship course you take

School Counseling INTERNSHIP SITE REQUEST

DO NOT CONTACT DESIRED INTERNSHIP SITE/SUPERVISOR BEFORE RECEIVING APPROVAL. CONTACT BEFORE APPROVAL MAY JEOPARDIZE YOUR PLACEMENT

DIRECTIONS: Please type or print all requested information. *Be sure all names are correctly spelled. Give complete and accurate address and communications information.*

YOUR NAME _____

PRESENT POSITION/JOB _____

WORK ADDRESS _____

SCHOOL SYSTEM IN WHICH YOU ARE CURRENTLY EMPLOYED _____

WK PHONE () _____ WK FAX () _____ WK EMAIL _____

PLEASE RESPOND TO THE FOLLOWING QUESTIONS:

1. ___ YES ___ NO Do you hold a current valid clear renewal certificate? If yes, attach copy of certificate.
2. ___ YES ___ NO Do you hold a current professional certificate? If yes, attach copy of certificate.
3. ___ YES ___ NO ___ N/A Do you wish to be placed at the school where you are currently employed?
4. ___ YES ___ NO Is there a supervisor with whom you'd like to work during this Practicum?
5. ___ YES ___ NO Is there a school or school system where you'd like to work during this Practicum?

If YES to 3 or 4 or 5 above, provide information below. DO NOT INITIATE CONTACT WITHOUT UWG APPROVAL

Name & Job Title of Desired Supervisor _____

School _____ School System _____

Address _____

Phone() _____ FAX() _____ EMAIL _____

If NO or N/A to 3, 4, and 5 above, list below the 3 SCHOOL DISTRICTS and THE LEVEL IN WHICH you'd like to work during this Practicum. *Note that the exact school and supervisor will be determined by the district.*

