

FAMILY THERAPY PRACTICUM APPLICATION 2ND, 3RD, OR 4TH SEMESTER

Department of Family Sciences
FS 5532/5542 or FS 6532/6542

Deadlines for Submission: **Oct. 15** for Spring, **Mar. 15** for Summer, **June 15** for Fall

Date _____ **I am applying for (check *one* only):** Spring _____ Summer _____ Fall _____
Revised 4/2009 Year Year Year
Name _____

Address _____ City/State/Zip _____

Phone: Home _____ Work _____ Cell _____ Email _____

Check one: MS__ PhD__ **NOTE: Read Off-Campus Site Requirements form.**

I am applying for my (check *one* only) 2nd__ 3rd__ 4th__ semester of Practicum.

____ I will be beginning Practicum at a new site, listed below (**Attach Off-Campus Site Forms**).

____ I will be continuing at my current site with a different supervisor, listed below (**Attach Forms**).

____ I will be continuing at my current site with my current site supervisor, listed below.

Off-campus Site _____ Site Supervisor _____

Site address _____ Email _____ Phone _____

(If more than one site, add second site info on back of this form.)

My 1st semester practicum **faculty** supervisor was _____
2nd sem. **faculty** supervisor _____ 3rd sem. **faculty** supervisor _____

Possible **days/times:** 5 Sat. 9am-5pm Tues. 5:30pm Wed. 8:30am Wed. 1pm Thurs. 5:30pm

_____choice _____choice _____choice _____choice _____choice

(**Below** days & times write 1st, 2nd, 3rd, 4th, 5th. **All** days/times will be **NOT** offered every semester.)

Indicate here any special needs about class or work schedule:

Please **return** your completed application to HDB 115 for the Family Therapy Component Coordinator **by the deadline** above. Attach Off-Campus Site forms. **Ask the office staff to date stamp the form.**

NOTE: Do **not** enroll in FS 5532/5542 or FS 6532/6542 until you receive **notification** of your section assignment and correct course codes and section number. Note that both master's and doctoral students are assigned to 5532/42 and 6532/42 sections with corrections to degree plans made through your advisor before graduation.

KEEP A COPY OF THIS FORM FOR YOUR RECORDS.