

APPLICATION FOR PRACTICUM / INTERNSHIP IN SCHOOL COUNSELING

PRACTICUM OR INTERNSHIP

Name (first, middle, last)
Address
City, State, Zip Code
Phone Number
Alternate Number
Email
Emergency Contact
Emergency Contact Phone

RELATED EXPERIENCES/WORK WITH CHILDREN AND/OR YOUNG PEOPLE

Experience	Place/Organization	Period of Involvement

The following persons at _____ school in Palm Beach County have agreed to my proposal placement at that site.

I agree to the proposed placement of this FAU Counselor Education Student.
Principal _____ Date _____

I agree to the proposed placement of this FAU Counselor Education student. I have completed the required Clinical Education training and am eligible to mentor this student.
Clinical Educator _____ Date _____

Applicant Signature _____ Date _____

Advisor signature _____ Date _____

(Faculty signature indicates receipt of application, not approval or guarantee of placement)