



FLORIDA ATLANTIC UNIVERSITY

Mental Health Site Request For :

Semester / Year _____ Practicum _____

Adv. Practicum _____

Internship _____

Date of Application: _____

Name of Applicant: _____

Mailing Address: _____

City: _____ State: FL ZIP: _____

PHONE: Days () _____ Evenings () _____

Email: _____

#1 Please indicate which course(s) (by course prefix & # i.e. MHS 6666) you are currently enrolled in, and those that will be taken as of the application date and semester requested.

Current Semester:			
Next Semester:			
Additional Courses Needed:			

#1 Preferred Site Location:

Agency _____

Population _____

#2 Preferred Site Location:

Agency _____

Population _____

*Make Sure you attached all items (1) RESUME (2) DEGREE AUDIT (3)

I understand that I will be notified which class section I am assigned to no later than the week of regular registration. My site will be confirmed at that time.

Student Signature: _____ Date _____

Advisor Date Campus

Approved Not Approved

Department Chair Date