

For office use only:

_____ County Coordinator (_____) Contacted, Date: _____
 _____ Approval Received, Date: _____
 _____ Internship Inventory Created, Date: _____
 _____ Contract Sent to Student, Date: _____
 _____ Signed Contracts Uploaded to Internship Inventory, Date: _____
 _____ Emailed the Dean's Office, Date: _____

PSC Practicum and Internship Information Sheet

1. Fill out this form in its entirety.
2. Meet with your advisor to discuss your desired placements.
3. Submit the signed form to the Field Experience Coordinator by **March 1** (For fall semester), **October 1** (For spring semester).

Student Information:

Banner ID: _____ App State Email: _____

Name: _____

Address: _____

Phone: _____

Emergency Contact Information

Name: _____ Relationship: _____

Phone: _____ Email: _____

Indicate your Practicum/Internship section preferences below if the schedule is available for viewing. If not, the field experience coordinator will provide you with a due date.

1. _____

2. _____

3. _____

Failure to complete this form, in its entirety, and submit it by the deadline (October 1 or March 1) may delay your practicum/internship placement.

First Choice:

| | |
|---------------------|--|
| School Name | |
| Address | |
| City/ZIP and County | |
| Phone Number & Fax | Phone: Fax: |
| Counselor's Name | |
| Counselor's Phone | |
| Counselor's Email | |
| School District | |
| Principal's Name | |
| School's Website | |

Second Choice:

| | |
|---------------------|--|
| School Name | |
| Address | |
| City/ZIP and County | |
| Phone Number & Fax | Phone: Fax: |
| Counselor's Name | |
| Counselor's Phone | |
| Counselor's Email | |
| School District | |
| Principal's Name | |
| School's Website | |

Third Choice:

| | |
|---------------------|--|
| School Name | |
| Address | |
| City/ZIP and County | |
| Phone Number & Fax | Phone: Fax: |
| Counselor's Name | |
| Counselor's Phone | |
| Counselor's Email | |
| School District | |
| Principal's Name | |
| School's Website | |