3301 College Avenue, Fort Lauderdale, FL 33314-7796

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DEPENDENT SITE SELECTION FORM

This form should be used if you are:

- Proposing an independent site <u>not</u> in the Practicum Agency List.
- A distant or residential student.
- A student who would like to pursue practicum at an international site.

This form should NOT be used if you are:

A teaching and training practicum student. Please refer to the Teaching and Training Independent Site Selection form.

Teaching and Training/Teaching Assistant Sites are approved for Ph.D students only.

How will this site relate to your career development plan and goals?

For office use only: Received__

All forms are to be submitted electronically to the practicum coordinator/advisor.

Student is responsible for submitting the completed form to the practicum coordinator two weeks before the start of the term. Late submissions will compromise your course grade.

Student should submit an updated resume/CV attached to this form.

☐ Practicum I	Term & Year	Program/Department
☐ Practicum II	Term & Year	— — — — — — — — — — — — — — — — — — —
Please print or type. Date Submitted to Pract	icum Coordinator:	
Student Name:	N#	NSU E-mail:
Address:		
Work Phone:	Home Phone:	Mobile:
Practicum Professor:		
Practicum Site:		
Name of Site Supervisor: _		Title
Telephone:	Fax:	Email:
Site Address:		Website:
Has the site indicated they	will accept you as a practicum student? _	
Date the agency indicated	they accept becoming your practicum site	?
	ly answer the following: on of the proposed organization? ble be in this organization and what activity	ties do you propose to work on?