

SCHOOL PSYCHOLOGY PROGRAM
PRACTICUM/INTERNSHIP APPLICATION

Applicant Name _____

Applicant Address _____

_____ (city) _____ (zip)

Application date _____ Expected graduation date _____

Home Phone () _____ Work Phone () _____

I am applying for practicum for (semester) _____ (year) _____

I am making application for the following course :

_____ EDP 5389 A (1st 200 clock hours, practicum)

_____ EDP 5389 A (2nd 200 clock hours, practicum)

_____ EDP 5389 A (3rd 200 clock hours, practicum)

_____ EDP 6300 A (1st 600 clock hours, *internship*)

_____ EDP 6300 B (2nd 600 clock hours, *internship*)

I am planning for placement in the following setting(s):

_____ state agency _____ public school _____ university _____ state

hospital/school

_____ private hospital/school _____ other (provide information below)

If you have made prior arrangements with a practicum/intern site, list the following information:

Site director/supervisor name _____

Mailing Address _____

_____ (city) _____ (zip)

Business Phone _____

If you have not made prior arrangements, list the geographic area and suburban area you would prefer.

_____ Hays County _____ Travis County _____ Bexar County
_____ Comal County _____ Other _____