All full-time CSPA students who are doing their first practicum should use this form. The original, signed copy should be sent through mail or hand delivered once completed.

*Due: 9-4-19 for fall/ 11-1-19 for spring/ 5-8-20 for summer

*If you are looking at a practicum that is not on the traditional semester cycle (ex: Oct-Mar) the due date is the same as for a practicum for the fall semester.

Name: ___________________________ Email: ___________________________ Phone: ___________________________

First Option Site: ____________________________________________________________________________

CONTACT INFORMATION FOR SITE SUPERVISOR:

Name: ___________________________ Signature: ___________________________

Phone: _____________________ Fax: _____________________ Email: _____________________

Why are you pursuing this site? __________________________________________________________________

_____________________________________________________________________________________

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Second Option Site: __________________________________________________________________________

CONTACT INFORMATION FOR SITE SUPERVISOR:

Name: ___________________________ Signature: ___________________________

Phone: _____________________ Fax: _____________________ Email: _____________________

Why are you pursuing this site? __________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Preference ranking: #1_______________________ #2_______________________

CSPA Advisor Signature: ___________________________