## PSYCHOLOGY PRACTICUM APPLICATION

(To be submitted to Dr. Mandracchia for Approval)

Date:_		Advisor:	
Major:	<u>:</u>	Minor:	
Name:	:Last	First	MI
Phone	:	Email:	
1.	Check below categories which	apply to you:	
	aFull-time student	Part-ti	me student
	bNot employed	Employed part-time	Employed full-time
	Place of Current Emplo	oyment:	
Please	indicate your working days and	l hours:	
2.	Indicate your intended career a		
3.	esno		
	If yes, please state which seme placement/experience:	ester/year and briefly desc	cribe your practicum

4.		number and name of the cour nclude those courses you are		
		Course Name	<u>Grade</u>	
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	- -			
	-			
	-			
5.	What ot	her courses will you be enrol	led in while taking PSY 4	120?
		Course Name		

4.

6.	If you have an idea about the specific site at which you would like to have your practicum experience, please identify the name of the agency/facility and potential supervisor's name (if you know it):
	If you don't have a specific site in mind, please provide some idea of the types of settings you are considering, and identify some potential places (be specific) that you think may be appropriate:
7.	Write a short proposal for your Practicum experience - include activities and goals (i.e., what you imagine you'll actually be doing on-site and what you hope to accomplish while you're there):