

Liaison/Instructor Copy

TRAINEESHIP PLACEMENT INFORMATION Due: to practicum instructor 1st class meeting

Please **PRINT LEGIBLY** Student ID _____ Faculty Advisor: _____
Student Name: _____ Email: _____
Phone numbers: (cell) _____ (home) _____
Address: _____
Street City/state/zip code

Practicum Instructor _____ Practicum Course (Circle) 706 736 890 891 850

Specialization: (circle) Career College Gerontology MFT School Rehab Emphasis: _____

Field Placement Name: _____

Address: _____
Street City/state/zip code

Supervisor: _____ Email: _____ Phone: _____

Trainee Coordinator: _____ Email: _____ Phone: _____

List days/hours at Traineeship: Days Hours

Counseling Dept. Copy

TRAINEESHIP PLACEMENT INFORMATION Due: to practicum instructor 1st class meeting

Please **PRINT LEGIBLY** Student ID _____ Faculty Advisor: _____
Student Name: _____ Email: _____
Phone numbers: (cell) _____ (home) _____
Address: _____
Street City/state/zip code

Practicum Instructor _____ Practicum Course (Circle) 706 736 890 891 850

Specialization: (circle) Career College Gerontology MFT School Rehab Emphasis: _____

Field Placement Name: _____

Address: _____
Street City/state/zip code

Supervisor: _____ Email: _____ Phone: _____

Trainee Coordinator: _____ Email: _____ Phone: _____

List days/hours at Traineeship: Days Hours