

Additional 6130 Site Information Form

SITE # _____ INFORMATION

STUDENT INFORMATION

FIRST NAME _____

LAST NAME _____

M.I. _____

WIN # _____

NAME OF INTERNSHIP SITE (AGENCY): _____

BEGINNING SEM / YEAR _____

ENDING SEM / YEAR _____

SITE CONTACT PERSON INFORMATION:

TITLE _____ FIRST NAME _____

LAST NAME _____

DEGREE(S) _____

LICENSE(S) _____

STREET ADDRESS _____

CITY / STATE / ZIP _____

PHONE # _____

EMAIL ADDRESS _____

FAX # _____

ON SITE SUPERVISOR INFORMATION (complete even if same as above):

TITLE _____ FIRST NAME _____

LAST NAME _____

DEGREE(S) _____

LICENSE(S) _____

STREET ADDRESS _____

CITY / STATE / ZIP _____

PHONE # _____

EMAIL ADDRESS _____

FAX # _____

LP SUPERVISOR INFORMATION (required for counseling psych students, for others if applicable):

TITLE _____ FIRST NAME _____

LAST NAME _____

DEGREE(S) _____

LICENSE(S) _____

STREET ADDRESS _____

CITY / STATE / ZIP _____

PHONE # _____

EMAIL ADDRESS _____

FAX # _____

DURATION (choose one):

*1 SEMESTER, Full-time (4 mos):

SEMESTER / YEAR _____

(4) CREDIT HOURS _____

*2 SEMESTERS, Part-time (8 mos):

1st SEMESTER / YEAR _____

(#) CREDIT HOURS (specify) _____

***Note:** For a summer semester, specify how many credit hours you want to be registered in each of the sessions (I and II).

2nd SEMESTER / YEAR _____

(#) CREDIT HOURS (specify) _____

ADVISOR SITE APPROVAL

Advisor Name (print) _____

Signature _____

Date _____

For Office Use Only: (do not write below this line)

Packet sent to site _____ LP ltr to supr (or N/A) _____ Site Accept Form rec'd _____

LP verif rec'd (or N/A) _____ Registered CRN# - Instructor _____ Student Notified _____

Paperwork Rec'd: Goals _____ Log Summary Form _____ Weekly Log Summary _____

Supr's Eval _____ Student's Eval of site _____ Grade/Date _____ "I" removed - Grade/Date _____