



## SCHOOL OF PSYCHOLOGY & COUNSELING SCHOOL PLACEMENT REQUEST FORM

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

University: **Regent University**

Course Title: **COUN 594 Internship in School Counseling**

Subject Requested: School Counselor – Middle School

Total Number of Hours: **300**

Dates: \_\_\_\_\_ TO \_\_\_\_\_

Please list the name of the school system in which you are seeking placement:

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Please list any preferences in middle schools:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

(Please realize that these are just preferences, there is no guarantee that you will be placed at these schools.)

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(Student's Signature)

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(Date)