



## SCHOOL OF PSYCHOLOGY & COUNSELING SCHOOL PLACEMENT REQUEST FORM

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

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

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

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

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

University: \_\_\_\_\_

Course Title: \_\_\_\_\_

Subject Requested: School Counselor - \_\_\_\_\_

Total Number of Hours: \_\_\_\_\_

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

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

\_\_\_\_\_

Please list any preferences in schools:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)