

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)