



REQUEST FOR PRACTICUM IN COMMUNICATION DISORDERS

Student Name: _____ Date submitted: _____

GSU ID #: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: (Home) _____ (Cell) _____

ONLY indicate the term and year that you want to *START* the practicum sequence.

_____ **Fall** _____ **Spring** _____ **Summer** _____ **Year**

_____ **CDIS 8810 Special Populations**

_____ **CDIS 8820 School Setting**

_____ **CDIS 8830 Medical Setting**

Professional Interests: (e.g., population, work setting; etc.)

Prior Professional Work Experience: [Indicate where you worked (specific location) and the duration as it relates to the area of speech-language pathology. Please include internships, volunteer work, etc.]

Additional Information Regarding Request: (e.g., bilingual; proficient in sign language; etc.)

Undergraduate Information: (Include University or College Name and graduation year. Attach any clinical hours obtained at said University with this form.)

I authorize the Department of Communication Disorders to release a copy of my resume and GSU transcript as may be requested by the fieldwork site to which I am assigned

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Student Signature Date