

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**

Your Practicum Sequence as follows will be completed by the Director of Clinical Education.

_____ **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. Upload all clinical hours obtained at said University into the eValue system in line-item *Observation Hours*).

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.

Student Signature

Date