

**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. Attach any clinical hours obtained at said University with this form.)

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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