

Lenoir-Rhyne Counseling Practicum Application

Please complete this form and provide to instructor by **July 20th 2010** along with an updated copy of your resume and a professional statement of why you want to work in schools.

Student Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Counselor Education Track: ___ School Counseling
 ___ Community Counseling with School Licensure
 ___ School Licensure Only

Placement Preferences

Site #1: _____

Address: _____

County: _____ District: _____

Phone: _____ Grade Level (E,MS,HS): _____

Are you currently employed here? ___ Yes ___ No

Site #2: _____

Address: _____

County: _____ District: _____

Phone: _____ Grade Level (E,MS,HS): _____

Are you currently employed here? ___ Yes ___ No

Site #3: _____

Address: _____

County: _____ District: _____

Phone: _____ Grade Level (E,MS,HS): _____

Are you currently employed here? ___ Yes ___ No