| **SECTION A: STUDENT INFORMATION** | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name: | | | | | First Name: | | | | | | Middle Initial: | |
| BANNER ID: | | Email Address: | | | | | | | | | | |
| Local Address: | | | | | | | City: | | | State: | | Zip: |
| Cell Phone: (     )     - | | | | | | | Home Phone: (     )     - | | | | | |
| University Supervisor: | | | | | | | | | | | | |
| Please check necessary change(s):  Change of Site Supervisor  Change of Site  Change of Site & Site Supervisor | | | | | | | | | | | | |
| Reason(s) for supervisor and/or placement change request: | | | | | | | | | | | | |
| Site and/or site supervisor has been informed of your desire or need to make this/these changes:  Yes  No If No, please explain: | | | | | | | | | | | | |
| New site and/or site supervisor has been informed that I am required to meet with him/her for individual and/or triadic supervision (1 hour/week) and that I am required to create program-appropriate audio recordings and/or live supervision of my interactions with clients at my site for review by my University Supervisor.  Yes  No If No, please explain: | | | | | | | | | | | | |
| **Please check below Program and the Practicum or Internship class you are currently enrolled:** | | | | | | | | | | | | |
| Mental Health Counseling - Clinical  Mental Health Counseling - Rehabilitation | | | School Counseling  PhD RCRCE | | | | Practicum (100 hours)  Internship I (300 hours)  Internship II (300 hours) | | | | | |
| **SECTION B: NEW PLACEMENT INFORMATION** | | | | | | | | | | | | |
| Name of Agency/School: | | | | | | | | | | | | |
| Site Supervisor/Principal Name: | | | | | | | | Telephone Number: (     )     - | | | | |
| Address: | | | | | | | | | | | | |
| City: | State: | | | Zip: | | Email address: | | | | | | |
| **SECTION C: ADDITIONAL INFORMATION (not needed for School Counseling)** | | | | | | | | | | | | |
| Please provide necessary attachment(s):  New site supervisor’s resume (if requesting to change site supervisor)  New site’s brochure or website information (if requesting to change site)  New site supervisor’s resume and new site’s brochure or website information (if requesting to change site & site supervisor) | | | | | | | | | | | | |
| Signature of Applicant | | | | | | | | | Date: | | | |
| Signature of Advisor | | | | | | | | | Date: | | | |
| Signature of Department Chair or Practicum/Internship Coordinator | | | | | | | | | Date: | | | |