| **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: |