



**FLORIDA ATLANTIC UNIVERSITY**

**Rehabilitation Site Request For:**

**Semester / Year** \_\_\_\_\_ **Practicum** \_\_\_\_\_

**Adv. Practicum** \_\_\_\_\_ **Internship** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE: Days ( \_\_\_\_ )** \_\_\_\_\_ **Evenings ( \_\_\_\_ )** \_\_\_\_\_

**Email:** \_\_\_\_\_

#1 Please indicate which course(s) (by course prefix & # i.e. MHS 6666) you are currently enrolled in, and those that will be taken as of the application date and semester requested.

<b>Current Semester:</b>			
<b>Next Semester:</b>			
<b>Additional Courses Needed:</b>			

**#1 Preferred Site Location:**

**Agency** \_\_\_\_\_

**Population** \_\_\_\_\_

**#2 Preferred Site Location:**

**Agency** \_\_\_\_\_

**Population** \_\_\_\_\_

**\*Make Sure** you attached all items (1) RESUME (2) DEGREE AUDIT (3)

I understand that I will be notified which class section I am assigned to no later than the week of **regular** registration. My site will be confirmed at that time.

**Student Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Advisor** \_\_\_\_\_ **Campus** \_\_\_\_\_ **Date** \_\_\_\_\_

**Approved** \_\_\_\_\_ **Not Approved** \_\_\_\_\_

**Department Chair** \_\_\_\_\_ **Date** \_\_\_\_\_