APPLICATION FOR PRACTICUM FIELD EXPERIENCE
Psychology 685: Practicum in School Psychology
Millersville University
Department of Psychology

Name_____ Address_____

ID # _____ _____

Phone_____ Email_____

Advisor_____

*In order for you to qualify for Practicum you must have taken all of the following courses or be enrolled in them during the same semester as Practicum: (Please place a check mark next to the courses you have already completed and a "S" next to any courses you are taking during the same semester as Practicum).

Psyc.530_____	Psyc.540_____	Psyc.600_____	Psyc.612_____
Psyc.631_____	Psyc.646_____	Psyc.671_____	Psyc.672_____

Attach copy of your liability insurance, AND a resume.
Answer the questions below.

Where would you like to go for your Field Experience?

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(indicate geographic location, i.e., Harrisburg, York, Reading, etc.)

What school district or other system would you like to serve as part of your Field Experience?

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(indicate system, i.e., IU 13, School District of Lancaster, etc.)

If you know a school psychologist that you have established some rapport with and think they may be interested in having you as a Practicum students please provide their name and contact information.

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