

TheCitadel
ZuckerFamilySchoolof Education
Divisionof CounselorEducation
SchoolCounselingPracticumApplication

Dueby the last Fridayin Septemberfor Springplacement
Dueby the last Fridayin Januaryfor Fallplacement

StudentName _____

HomeAddress _____

Phone:(home/cell) _____

E mail Address _____

PLACEMENTREFERENCE (This is only a request & not a guarantee): Listschoolsyou havecontactedor would be interestedin asa possibleplacement.

1. _____

2. _____

3. _____

4. _____

If you havemadea contactwith a possiblesite supervisor(Name,phone#& email)

*Rememberthe SchoolCounselormust be in hisor her positiona minimumof 2 years

Pleaseplacean Xfor the applicablegoal: DegreeSeeking(M.Ed.)____ applicab02 1 Tf Only Tc 0.228 0 Td (applic86Tj /C

COURSEWORK: ~~The~~ courses below MUST be completed prior