



## COUNSELING AND PSYCHOLOGICAL SERVICES

### Practicum Student Application

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

#### **Educational Information:**

University Name \_\_\_\_\_

Degree Program \_\_\_\_\_

Current Year in Program \_\_\_\_\_ Anticipated Graduation Date \_\_\_\_\_

#### **Director of Clinical Training or Field Placements:**

Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Are you interested in the Student Health Services specialization? *Note: This has no impact on your application.*

Yes \_\_\_\_\_ No \_\_\_\_\_

Availability (if known):

M \_\_\_\_\_ Tu \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

Total hours per week: \_\_\_\_\_

Please include this application, a cover letter, and a copy of your CV. Two letters of reference are required and may be attached to this application or forwarded directly to our training coordinator.

Applications can be mailed to:

Helen Polak Psy.D.

The Wellness Center at Winans Hall

201 Mullica Hill Road

Glassboro NJ 08028

Or scanned and emailed to: [polak@rowan.edu](mailto:polak@rowan.edu)

ALL APPLICATIONS MUST BE RECEIVED BY JANUARY 22nd, 2019.