**NORTHERN ARIZONA UNIVERSITY**

**COMMUNICATION SCIENCES & DISORDERS**

**INFORMATION FOR PRACTICUM/EXTERNSHIP (CSD 602/608)**

**Please type your answers!**

**Mail or hand deliver to the CSD office with your Registration Checklist form.**

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**Student’s name:**

**Student’s ID #:**

**Today’s date:**

**Full-Time, Full-time Leveler, or Part-time Summers:**

**I attest that I have completed and passed all four foundational science/math requirements and my advisor has a copy of the unofficial/official transcript. Yes or No. If No, contact your advisor and explain. You will not be able to register for CSD 602/608 until received by advisor.**

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**Session (Fall, Spring, or Summer) and year:**

**Practicum 1, Practicum 2, Practicum 3, Externship:**

**Anticipated start date:**

**Anticipated end date:**

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**Student’s complete address now:**

**Student’s complete address during practicum:**

**Student’s phone #:**

**Student’s NAU e mail:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Site name:**

**Site’s complete address:**

**Site supervisor’s name:**

**Site supervisor’s phone #:**

**Site supervisor’s e mail:**

**Site supervisor’s ASHA #:**

**Site supervisor’s state license #:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Site’s complete address:**

**Site supervisor’s name:**

**Site supervisor’s phone #:**

**Site supervisor’s e mail:**

**Site supervisor’s ASHA #:**

**Site supervisor’s state license #:**

**For Externship only:**

**Start/end dates:**

**Externship length (number of weeks and days):**

**Name of the site’s Coordinator of SLPs:**

**Email of the site’s Coordinator of SLPs:**