

# CSPA First Practicum Request Form

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All full-time CSPA students who are doing their first practicum should use this form. The original, signed copy should be sent through mail or hand delivered once completed.

**\*Due: 10-29-21 for fall / 11-1-21 for spring / 5-6-22 for summer**

\*If you are looking at a practicum that is not on the traditional semester cycle (ex: Oct-Mar) the due date is the same as for a practicum for the fall semester.

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

First Option Site: \_\_\_\_\_

## CONTACT INFORMATION FOR SITE SUPERVISOR:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Why are you pursuing this site? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Second Option Site: \_\_\_\_\_

## CONTACT INFORMATION FOR SITE SUPERVISOR:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Why are you pursuing this site? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preference ranking: #1 \_\_\_\_\_ #2 \_\_\_\_\_

CSPA Advisor Signature: \_\_\_\_\_