



EXTERNSHIP PRE-REGISTRATION FORM

INSTRUCTIONS: Complete this form, attach a current résumé and cover letter for each field placement listed, and return all to Prof. Renata Turner.

PLEASE PRINT CLEARLY:

Student Name: _____ Class: _____

Day Telephone Number: _____ Evening Telephone: _____

E-Mail Address: _____

Semester/Term/Year: ☐ Fall 20 _____ ☐ Spring 20 _____ ☐ Summer 20 _____

Applying for _____ externship credit hours

Field Placement Preferences:

(1) _____

(2) _____

(3) _____

Educational Goals: For each goal, list the work experience that will help you reach that goal.

1. _____

2. _____

3. _____

4. _____

FOR OFFICE USE ONLY:

Field Placement _____

Field Supervisor: _____

Supervisor's Telephone Number: _____ Email Address _____

Approved: Prof. Renata D. Turner, Externship Director

Date