



## Child Life Program

# Practicum Student Application

Applying for (check one):  Spring  Fall

Anticipated Start Date: \_\_\_\_\_ # of Desired Hours: \_\_\_\_\_

### Personal Information

<b>Name</b>	
<b>Permanent Address</b>	
<b>Current Address</b> (if different)	
<b>Phone</b>	
<b>Email Address</b>	
<b>Emergency Contact</b>	
<b>Contact Phone</b>	

### College Education

<b>Institution</b>	
<b>Major</b>	
<b>Graduation Date</b>	
<b>Advisor Name &amp; Title</b> (if applicable)	
<b>Advisor Phone</b> (if applicable)	

I have taken or am currently enrolled in a course taught by a Certified Child Life Specialist:  yes  no

