



DEPAUL UNIVERSITY

*College of Education
Counseling Program
Placement Site Application Form*

Step 1: Applicant Information

Name: _____ Date: _____
Address: _____ Home Phone: _____
City/State/Zip: _____ Work Phone: _____
E-mail: _____ DePaul ID Number: _____

**Update any changes to your address, telephone numbers, or e-mail address, in DePaul's campus connection and notify Julie Harris by emailing her at jharri20@depaul.edu.*

Step 2: Placement Information

Internship Site: _____

Address: _____

City, State, Zip: _____

Site Supervisor: _____

Office Phone: _____ E-mail: _____

Site Supervisor's Professional Degree: _____

Site Supervisor's Certification(s): _____

NOTE: School Counseling supervisors must have a Type 73 School Counseling certificate and at least three years of school counseling experience

Step 3: Verification of Your Placement and Submitting the Application

Submit this Placement Site Application form to Julie Harris, Family Lab Coordinator in SAC 212 or via email to jharri20@depaul.edu by the deadline (April 9th by 5pm) **prior to starting CSL 552 in the following quarter.**

I have attached the following:

- Completed Placement Site Application form signed by Site Supervisor