

ALABAMA A&M UNIVERSITY
Communicative Sciences & Disorders Program

Application for Graduate Externship

This application is to be completed by the student by MID-SEMESTER prior to the semester that the student plans to enter externship placement. Fall applications are completed during the spring semester if students are not planning to enroll during summer semester. After the application has been approved, you must obtain a copy of the approved application from the Director of Clinical Services.

I. Applicant's Name _____ Student # _____

Address _____
Street/PO Box City State Zip

Phone Numbers _____ (home) _____ (cell) _____ (work)

Advisor _____ Overall GPA _____ Semester _____

Projected Date of Graduation _____ Total Graduate Credit Hours _____

II. Please indicate the courses you have taken and the grades you obtained for each. Please give the current grade if presently enrolled in course and put an asterisk (*) next to it. Must adhere to the guidelines set forth in the *Graduate Student Catalog*.

Course	Grade	Course	Grade	Course	Grade
CSD 504	_____	CSD 522	_____	CSD 539	_____
CSD 510	_____	CSD 525*	_____	CSD 544	_____
CSD 513	_____	CSD 532	_____	CSD 545	_____
CSD 515	_____	CSD 534	_____	CSD 598	_____
CSD 520	_____	CSD 538	_____	PSY 502	_____

III. Please indicate the following to the best of your ability at this point in the semester.

Number of observation hours completed: _____
 Number of clock hours in AAMU Clinic: _____ (minimum of 25)
 Number of clock hours from any University Clinic: diagnostic _____

Do you currently hold student liability insurance: Yes _____ No _____

IV. CHECK ONE: Primary _____ Intermediate _____ Advanced _____

Required Clock Hours	40-80	80-200+	150-300+
Graduate Course Hours	< 12	12-18	18+

V. Preferences:

1st preference site _____
2nd preference site _____
3rd preference site _____

Previous Externship/Internship Experience at Alabama A&M - Include Semester/Year Experienced (Graduate Level Only): _____

VI. Supervisor Information:

1st Supervisor

2nd Supervisor

Name _____

Name _____

ASHA # _____

ASHA # _____

Expiration Date _____

Expiration Date _____

Name of Facility _____

Name of Facility _____

Address of Facility _____

Address of Facility _____

Phone # _____

Phone # _____

Supervisor Signature _____

Supervisor Signature _____

Contract signed: YES _____ NO _____

Contract signed: YES _____ NO _____

Copy of ASHA card: YES _____ NO _____

Copy of ASHA Card: YES _____ NO _____

Copy of License: YES _____ NO _____

Copy of License: YES _____ NO _____

Supervisor information MUST be completed. If there are more than two supervisors, please put the required information on another sheet for the other supervisors.

Externships cannot be initiated without an officially-signed contract and liability insurance. Please see the Clinic Director if you have any questions.

I certify that all the information given above is correct and respectfully request approval to enter CSD 516 for externship placement.

Student's Signature

Director of Clinical Services

DO NOT WRITE IN THIS SPACE: