

**GRADUATE EXTERNSHIP PETITION FORM**

**SLPG-66500** & **SLPG-66501** & **SLPG-69800** & **SLPG-69801**

DEPARTMENT OF SPEECH-LANGUAGE PATHOLOGY/AUDIOLOGY

***ALL INFORMATION MUST BE TYPED***

*Please staple pages together*

**Part A: STUDENT INFORMATION** Are you attending Ithaca College on an International Student Visa? YES NO

**Will you be student teaching**? YES NO

|  |  |  |
| --- | --- | --- |
| Name: | ID#: | E-mail: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Local Address: |  |  | Permanent Address: |  |
| Local Phone: |  |  | Permanent Phone: |  |

**Part B: FACILITY/SITE INFORMATION**

|  |  |
| --- | --- |
| BLOCK I *Please check one:* | SLPG-66500 Externship I SLPG-69800 Graduate Experience in Education |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Facility: |  |  | | Name of Site Supervisor: |  | |
| Facility Address: |  |  | | Title of Supervisor: |  | |
|  | | Telephone Number: |  | |
|  | | Fax Number: |  | |
|  | | E-mail: |  | |
|  | | | | | | |
| Start Date: |  |  | | Completion Date: |  | |
|  | | | | | | |
| Credit Hours:  *(check one)* | 4 5 | | Semester of registration *(choose one)*: | | | Fall  Spring |

|  |  |
| --- | --- |
| BLOCK II *Please check one:* | SLPG-66501 Externship II SLPG-69801 Graduate Experience in Education |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Facility: |  |  | | Name of Site Supervisor: |  | |
| Facility Address: |  |  | | Title of Supervisor: |  | |
|  | | Telephone Number: |  | |
|  | | Fax Number: |  | |
|  | | E-mail: |  | |
|  |  |  | |  |  | |
| Start Date: |  |  | | Completion Date: |  | |
|  | | | | | | |
| Credit Hours:  *(check one)* | 4 5 | | Semester of registration *(choose one)*: | | | Fall  Spring |

### **Part C: STUDENT SIGNATURE** *(student must sign and date in ink)*

### I give my advisor, faculty sponsor and SLP Clinic Director permission to discuss my academic performance and professional behavior with the site supervisor(s). Also, my signature indicates agreement to and responsibility for fulfilling all course, department, and site requirements pertaining to the internship experience.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Student Signature* |  | *Date* |

**Part D: APPROVAL SIGNATURES** *(you can not be registered until all signatures have been obtained)*

|  |  |  |
| --- | --- | --- |
| SLP Fieldwork Coordinator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Office of Experiential Learning: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |

*For office use only*

|  |
| --- |
| **EXTERNSHIP I or STUDENT TEACHING I**  CONTRACT STATUS:  Current – Expiration date (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  Contract Pending  Letter of Agreement date (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  **EXTERNSHIP II or STUDENT TEACHING II**  CONTRACT STATUS:  Current – Expiration date (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  Contract Pending  Letter of Agreement date (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |

## COPIES: Office of Experiential Learning, Department