

ULM
Department of Health Studies
Intent to Register for Practicum II Form

- Student must contact Dr. Griswold in advance of submission of this form to discuss practicum sites and assure that all requirements are met.
- This form is due the semester prior to the semester in which the student plans on completing practicum.
- Fall Deadline: This form must be submitted by **October 1** in order for the student to register for Practicum II (HLST 4003) in **Spring**.
- Spring Deadline: This form must be submitted by **March 1** in order for the student to register for Practicum II (HLST 4003) in **Fall** and **Summer**.

Name: _____
CWID: _____ E-mail: _____
Phone number: Home _____ Local _____ Cell _____

Address to which you wish you all correspondence mailed:

Major: HSPP or HSMM or HSME Expected Date of Graduation: _____

Semester to serve Practicum II: Fall Spring Summer Year ____

Student must check the following requirements:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Completed 90 hours of the Health Studies curriculum
<input type="checkbox"/>	<input type="checkbox"/>	Overall GPA of 2.0
<input type="checkbox"/>	<input type="checkbox"/>	Minimum Health Studies GPA of 2.75 with grade of "C" or higher in all HLST courses
<input type="checkbox"/>	<input type="checkbox"/>	Completed all 2000 and 3000 HLST courses

What kind of Practicum II work assignments interest you? _____

List 4 healthcare facilities that you would like to serve in Practicum II. Only three can be chosen from the current list of practicum sites. The fourth must be from a new site. When multiple students have requested the same site and the site can only take a limited number of students, ranking of students based on cumulative and HLST GPAs will be performed. Those with the highest GPA will secure the site. **Students must obtain immunizations if required by the site.**

1) _____
2) _____
3) _____
4) _____

Submit resume' with this form.

I agree to the release of my resume and/or GPA to any practicum site (if requested by the site) by the Department of Health Studies in securing a site for my practicum experience.

Student Signature

Date