

## University of Louisiana Monroe

Health Studies Program

## PRACTICUM SITE INTENT TO REGISTER FORM

(Completed by Student)

SUBMISSION DEADLINE: October 1 & March 1 to Dr. Jodi Bower: jbower@ulm.edu | Sugar 156B | 318-342-3060

		Personal In	formation		
Student Name:	CWID:	E-mail:	:	Stı	udent Phone Number:
Address to which you wish A	ALL correspondence mailed:				
Street:		City:		State:	Zip Code:
		Emergency	y Contact		
In case of emergency, notify	y:				
Name:	Relationship:		Home Phone:		Work Phone:
Street:		City:		State:	Zip Code:
		Academic In	ofrmation		
Major: 🗌 HSMM	DLHS (ULM Online)	HSPP Ex	xpected Semester and	d Year of Graduat	ion:
Semester to complete Prac	cticum: 🗌 Fall	Spring	Year:		
Have these requirements b	been met? If no, please conta	ct Dr. Bower to c	liscuss.		
Yes No	Overall GPA of 2.0				
Yes No	Completed 90 Hours of the H	Iealth Studies cur	riculum		
Yes No I	Minimum Health Studies GPA of 2.75 with grade of "C" or higher in all HLST courses				
Yes No	Completed all 2000 and 3000 HLST courses				
	work assignments interest you				

Please list any additional information I need to know including what town or area you would prefer and/or any new site you wish to explore and have made contact with.

Submit resume with this form

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