

# Student Information Form

## REHC 5390- Practicum in Rehabilitation

### Student Information

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Practicum Site: \_\_\_\_\_

Agency Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Practicum Schedule: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you are commuting from out of the area, what days are you on campus?

\_\_\_\_\_

If you are you currently taking other courses, please list your class schedule:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you are currently employed, please provide your work schedule:

\_\_\_\_\_

\_\_\_\_\_