

**NAU Communication Sciences and Disorders (CSD)
CSD 602: Practicum Information Sheet**

Please complete this form. Email it to:

speech@nau.edu and Cindy.Doyen@nau.edu

Date:

Student name:

Student ID #:

CSD Program Track: _____ Full-Time or _____ Summers-Only

Practicum Semester/Year:

Anticipated start date:

Anticipated end date:

Student's address now:

Student's address during externship (if known):

Student's phone #:

Student's NAU email:

Site name:

Site address:

Site supervisor's name:

Site supervisor's address:

Site supervisor's phone #:

Site supervisor's fax #:

Site supervisor's e mail:

Site supervisor's ASHA #:

Site supervisor's state license #:

Site name:

Site address:

Site supervisor's name:

Site supervisor's address:

Site supervisor's phone #:

Site supervisor's fax #:

Site supervisor's e mail:

Site supervisor's ASHA #:

Site supervisor's state license #:

Site name:

Site address:

Site supervisor's name:

Site supervisor's address:

Site supervisor's phone #:

Site supervisor's fax #:

Site supervisor's e mail:

Site supervisor's ASHA #:

Site supervisor's state license #:
