

**INTERNSHIP PLACEMENT FORM 07-08**

<b>Student Contact Info</b>	
<b>First Name</b>	
<b>Last Name</b>	
<b>E-mail</b>	
<b>Telephone</b>	
<b>Street Address &amp; Apt.</b>	
<b>Town or City</b>	
<b>State</b>	
<b>Zip</b>	

<b>Supervisor Contact Info</b>	
<b>First Name</b>	
<b>Last Name</b>	
<b>E-mail</b>	
<b>Telephone</b>	
<b>Name of School or Agency</b>	
<b>Street Address</b>	
<b>Town or City</b>	
<b>State</b>	
<b>Zip</b>	

**Grade Levels**

**Has this person supervised a NU SP student before?**

**Supervisor Credentials**

**State Certification (required) #** Yes or No

**National Certification?** Yes or No

**Professional Licensure as a Psychologist?**

**Date of Approval by NU**