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(575) 257-2368 - WWW.REC9NM.ORG

Internship/ Practicum Student Application

Applicant Instructions: If you need help to fill out this application form in any phase of the employment process, notify the person that gives you this form and every effort will be made to accommodate your needs in a reasonable amount of time. Please fill this application out completely. Any incomplete application may not be considered.

Name:	Phone:
Field of Internship/Practicum:	Email:
Semester(s): Fall Spring School Year:	City/State of Residence:

Education

Name of University:	Degree/Major:
Name & Email of the Coordinator at your University Name: _____ Email: _____	
Minimum Hours Per Week of Direct Supervision Required:	Minimum Hours Per Week for Placement:
Expected Graduation Date:	Current GPA:
Please list 3 recent classes you have taken that you think most relate to this internship/practicum: 1. 2. 3.	
What are your professional goals? (3-5 sentences)	
Is this a required internship/practicum? Yes No	Are you willing to use your own vehicle to travel? Yes No
Do you have a background check from an educational entity dated within the past 12 months? Yes No	

Acknowledgement of Application Accuracy: I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying documents) will be cause for denial of practicum/internship or immediate termination of practicum/internship, regardless of when or how it was discovered.

Signature of Applicant

Today's Date