

THE COLLEGE OF NEW JERSEY

CHANGE OR ADDITION OF SITE FORM



Date: _____

Student Name: _____

New Proposed Site: _____

Proposed Supervisor: _____

Reason for changing or adding site:

I will be at this proposed site for:

_____ hours fall semester

_____ hours spring semester

_____ hours summer semester

Will you be leaving an existing site?

Yes / No

If yes, which site(s) will you be leaving and when?

Is the site that you are leaving aware that you are leaving?

Yes / No

Practicum/Internship Instructor Signature Date

**All required clinical paperwork must be completed and approved prior to starting a new clinical site.