

# STEP OFFICE

**Placement Request**  
**PROGRAM: Counselor Education**

**Instructor:** \_\_\_\_\_ **Course** \_\_\_\_\_

**Practicum and Internship Requirement: FALL** \_\_\_\_\_ **SPRING** \_\_\_\_\_ **Summer** \_\_\_\_\_ **YEAR** \_\_\_\_\_

TCNJ Student Information <b>A</b>	Site Information <b>B</b>	Cooperating Counselor Information <b>C</b>	Approval from Site <i>Office Use Only:</i> <b>D</b>
<b>Name:</b>  <b>Address:</b>  <b>Phone:</b>  <b>Cell:</b>  <b>Email:</b>  <b>Special Request:</b>   <b>Employed by Site (check one):</b> <b>YES</b> _____ <b>NO</b> _____  <b>TCNJ Supervisor Assigned:</b> _____	<b>Location:</b>  <b>Contact Name:</b>  <b>Address:</b>  <b>Phone:</b>  <b>Email:</b>  ----- <i>Field Experience</i>  <b>Beginning Date:</b>  <b>Completion Date:</b>	<b>Name:</b>  <b>Site (if different):</b>  <b>Site Address (if different):</b>   <b>Phone:</b>  <b>Email:</b>	<b>Placement Approved:</b> _____  <b>Placement NOT Approved:</b> ____  _____ <p style="text-align: center;"><small>Signature of Designee</small></p> <b>Date:</b> _____   Please return a signed copy to:  TCNJ School of Education Office of Support for Teacher Education Program (STEP) Attn: Victoria Allen-Edwards P.O Box 7718 Ewing, New Jersey 08628-0718  Office: 609-771-2528 Fax: 609-637-5196