

Criminal Justice Department  
Western Oregon University

**Application for Practicum Placement**

Projected Grad Date: \_\_\_\_\_ Practicum Quarter: \_\_\_\_\_ Photo Attached: \_\_\_\_\_

This application should be submitted at least three quarters prior to the term that you plan to begin your practicum. Placement priority is determined by the date the application is received. You must be within five quarters of graduation at the time of placement. You will be contacted midterm prior to placement for a placement interview. **The notice is mailed to the address provided on this form so please notify your advisor of any address change that occurs after you submit this application.**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver License No.: \_\_\_\_\_ ST: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Class: \_\_\_\_\_

V #: \_\_\_\_\_ WOU E-mail: \_\_\_\_\_

Major:   Criminal Justice   Minor: \_\_\_\_\_ Crd. Hrs. Completed: \_\_\_\_\_ GPA: \_\_\_\_\_

U.S. Citizen? \_\_\_\_\_ Do you have skills in a language other than English? \_\_\_\_\_

If yes, what language(s)? \_\_\_\_\_ Speak  Read  Write

Do you have relatives working in Criminal Justice? \_\_\_\_\_

If yes, please provide position(s) and agency. \_\_\_\_\_

**Emergency Data:**

Contact person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Your address during practicum: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Personal History:**

Have you ever been arrested or charged with a crime? \_\_\_\_\_

Have you ever been referred to a juvenile court or juvenile department? \_\_\_\_\_

Have you ever been the subject of a discipline or conduct violation incident at WOU or any other campus? \_\_\_\_\_

If you answered yes to any of the above questions, please explain here.

**Education Background:**

High School(s) attended: \_\_\_\_\_

College(s) attended: \_\_\_\_\_

**Employment History:**

Employer: \_\_\_\_\_ Location: \_\_\_\_\_ Dates: \_\_\_\_\_

Duties: \_\_\_\_\_

**Military Service Data:**

Branch: \_\_\_\_\_ Service Date(s): \_\_\_\_\_ Discharge type: \_\_\_\_\_

Military Specialty: \_\_\_\_\_ Reserve/National Guard commitment: \_\_\_\_\_

**Practicum Information:**

Practicum term preference: \_\_\_\_\_ Are you currently an intern or volunteer with any agency? \_\_\_\_\_

If yes, please list: Start date: \_\_\_\_\_ Agency: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

Do you have a preferred agency for your practicum placement? \_\_\_\_\_

If yes, please give agency name: \_\_\_\_\_ Location: \_\_\_\_\_

Preferred geographic area by priority:

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Preferred agency type by priority:

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Have you contacted an agency, or employee of an agency, regarding a practicum placement? \_\_\_\_\_

If yes, please give name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE IN THIS SPACE – ADVISOR USE ONLY**

Advisor /practicum supervisor: \_\_\_\_\_ Date of interview: \_\_\_\_\_

Course requirement provided: \_\_\_\_\_ Date of agency interview: \_\_\_\_\_

Agency Interviewer: \_\_\_\_\_ Practicum placement approved: \_\_\_\_\_

Agency: \_\_\_\_\_ Start Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Comments: \_\_\_\_\_