

MEDIATION PRACTICUM

STUDENT INTAKE

(PLEASE PRINT)

Date: _____

Full Name: _____

Phone: (H) _____ - _____ - _____ **Cell:** _____ - _____ - _____

Phone: (W) _____ - _____ - _____ **e-mail:** _____

Student Classification: _____ **Major:** _____

Minor: _____

Days and hours generally available for Practicum work: (Please note blocks of three hours or more.)
The time frame is Monday through Friday, 8 - 5.

Mondays _____

Tuesdays _____

Wednesdays _____

Thursdays _____

Fridays _____

Are you employed? Yes _____ No _____ **Occupation:** _____

If so, where? _____

Transportation:

As part of your practicum you may have the opportunity to observe mediations that will be conducted in Denton and at various locations throughout the Metroplex. Do you have transportation constraints? (If yes, explain)

Is there anything we need to know to ensure **your comfort and safety**?

What additional information should we know to assist with your practicum plan?

PLEASE NOTE THAT YOUR ASSIGNMENTS MUST BE SCHEDULED IN ADVANCE. DO NOT "SHOW UP" WITHOUT AUTHORIZATION.