



APPLICATION FOR MASTER'S STUDENT TRAINING

NAME:
ADDRESS:

CELL PHONE:
EMAIL:

GRAD SCHOOL NAME:

ACADEMIC DIRECTOR OF TRAINING:
PHONE:

ACADEMIC DEGREE PURSUING:
(Place an "X" next to degree pursuing)

MSW
 MA
 MS
 M ED

ACADEMIC YEAR IN TRAINING BY FALL SEMESTER:
(Place an "X" next to academic year by fall)

2ND
 3RD

PREFERENCE FOR CLINICAL PLACEMENT:

Below, rank order your top three picks if you are interested in applying to more than one program. 1, 2, & 3 only

ONLY FOR SOCIAL WORK, COUNSELING STUDENTS

ADOLESCENT PHP
 ADULT PHP
 AUTISM RESOURCE CENTER
 CHILD PHP
 OCD/ANXIETY PHP
 PERINATAL IOP
 EATING DISORDERS
 SCHOOL ANXIETY PROGRAM
 CENTER FOR ADDICTION MEDICINE
 INPATIENT CASE MANAGEMENT

ONLY FOR STUDENTS IN EXPRESSIVE THERAPY

EXPRESSIVE THERAPY
 ART
 DANCE/MOVEMENT
 MUSIC

PLEASE COMPLETE THIS APPLICATION FORM AND ATTACH IT WITH YOUR COVER LETTER, RESUME, NON-OFFICIAL GRADUATE SCHOOL TRANSCRIPTS, AND TWO LETTERS OF RECOMMENDATION.

PLEASE EMAIL YOUR APPLICATION MATERIALS TO:

MARIE DUETSCH, LCSW
DIRECTOR OF STUDENT TRAINING

EMAIL: marie.duetsch@ascension.org