

St. Clair County Community Mental Health
Student Request for Placement

****Attach with form Student Placement Proposal (#0823) when submitting****

Date of Request: _____

Student: _____

Job Title: _____

Current Program: _____

Dates of Placement/Internship: _____

Total Hours Required for Placement/Internship: _____

Proposed Placement/Internship Field Site: _____

Impact of Placement/Internship on Field Site:

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_____ Approved Denied
Current Supervisor Signature Date

Comments: _____

_____ Approved Denied
Placement Site Supervisor Signature Date

Comments: _____

_____ Approved Denied
Chief Clinical Officer Signature Date

Comments: _____

_____ Approved Denied
Chief Executive Officer Signature Date

Comments: _____