



## Fieldwork Intent Form

Counseling, Psychology, Rehabilitation Studies

Full Name

City/State of Residence

TU Email

Personal Email

Cell Phone

Expected  
Graduation  
semester/year

### Please indicate which course your fieldwork will fulfill

#### Counseling Fieldwork

RCE 680 Practicum

RCE 681 Internship I

RCE 682 Internship II

RCE 683 Internship III

#### Rehabilitation Studies Fieldwork

RHS 360 Practicum

#### Psychology Fieldwork

PSY 495 Practicum

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### Fieldwork/Internship Organization

Name of Organization  
selected

Executive Director

Street Address

City/State/Zip

Director's Phone

Director's Email

Intern Supervisor's Name

Intern Supervisor's  
Credentials (if known)

Has contact been made  
with this organization?

Yes  
No

Site Confirmed

Yes  
No

Anticipated Field Work  
Duties\* (population,  
intervention, etc.)

**NOTE: If this organization is your place of employment, you must indicate new, added or customized duties beyond your normal position. Please describe your current position as well as the additional responsibilities for your fieldwork.**

Three clearly defined goals for your fieldwork. These will be shared with your fieldwork supervisor.

Additional comments

Specific cities where you  
would intern if you do not  
have a site already selected

Please return this completed for to:

Stacie Reilly  
sreilly@thomasu.edu  
1500 Millpond Road  
Thomasville, GA 31792