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FIELD PLACEMENT INFORMATION FORM*

Student Name _____

Semester (circle one): Spring Fall Summer Year: _____

Total # of Credits: _____ (including 1 credit for mandatory seminar component)

Program (check all that apply):

- _____ Field Placement Clinic (1-3 credits)
- _____ Advanced Field Placement Clinic (1-3 credits)
- _____ Semester in Practice (4-12 credits)

Multiple Externships? Y/N _____

(If you answer Y, please complete a separate form for each field placement.)

Contact Info for Student:

Preferred Email: _____ Cell Phone: _____

Field Placement Firm/Agency/ Court: _____

Field Placement Supervisor: _____

Contact Info for Field Placement Supervisor:

Email: _____ Telephone: _____

Mailing Address: _____

*By submitting this form, you warrant that you will have successfully completed 28 credits, including BLS-Research and BLS-Writing, prior to beginning your field placement.