

**CE Student Request Form (please circle one):**  
**II III V**

**Students who wish to start an affiliation with a new site must supply all requested information and give to the DCE by September when preference forms are turned in.**

PT Student

Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Email address: \_\_\_\_\_

**Request for NEW Clinical Site(s):**

**Please list the clinical site(s) in which you are requesting. Please provide ALL information requested.**

Choice	Clinic (include name of clinic, contact name, AND contact information-phone, email, fax)	Location (include City, State, Zip)
1.		
2.		

Please provide a detailed explanation as to WHY you are requesting a specific clinical site and/or geographical region. Please also state the type of experience you hope to gain from this request.

---

---

---

---

---