



CREOKS Practicum & Internship Program - Application

Personal Information

Name:		
Address:		
City:	State:	Zip Code:
Best Contact Number:		Email Address:

Academic Information

College/University's Name:		Contact Person:
Phone Number:		Phone Number:
Website:		Email Address:
Mailing Address:		
City:	State:	Zip Code:
Degree:		Major:
Anticipated Semester/ Year of Graduation:		

University's Name (Undergraduate Studies):		
Phone Number:		
Website:		
Mailing Address:		
City:	State:	Zip Code:
Degree:		Major:
Anticipated Semester/ Year of Graduation:		

Practicum/Internship Program - Information

What do you anticipate to gain from your practicum/internship experience?	
Total Practicum/Internship Hours Required:	Date Available to Start:
Are you going to complete all your practicum/internship hours at CREOKS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please answer the following questions: List other agencies at which you are planning to do your practicum/internship: How many hours will you complete at CREOKS?	

Please indicate the tentative times you are available for your practicum/internship volunteer experience:				
Monday	Tuesday	Wednesday	Thursday	Friday



PLEASE SCAN/E-MAIL THIS COMPLETED APPLICATION TO:

chris.dhoku@creoks.org

**Chris Dhoku, MA, LPC-S
Assistant HR Director &
Director of Practicum & Internship Program
(918) 902-5985 - Business Cell**