

APPLICATION FOR INTERNSHIP
Department of Education and Human Services

1. Name: _____ SS#: _____ Today's Date: _____

2. Local Address: _____

Home Telephone: _____ Work Telephone: _____

3. I wish to begin Internship during which semester (Indicate year)

Fall, 20 ____ Spring, 20 ____

4. Program: (you must check one)

Elem. School Counseling Sec. School Counseling Community Counseling

5. List grades in the following courses:

General

Laboratory in Counseling Skills _____
Laboratory in Group Dynamics _____
Counseling Theory and Practice _____
Research and Evaluation or Statistics _____
Ethics in Counseling _____

School

Human Growth and Development _____
Lab in Counseling Diverse Pops _____
School Counseling Orientations _____
Consultation Processes _____
Lifestyle and Career Development _____
Assessment and Appraisal _____
Therapeutic Strategies or Adolescent _____
Counseling Interventions _____

Community

Community Resources and Crisis _____
Intervention _____
Psychopathology _____
Group Counseling Theory & Practice _____
Family Interventions _____
Brief Strategic Therapy _____
Substance Abuse Counseling _____

6. Current Grade Point Average: _____

7. Total number of credit hours completed by beginning of Internship I: _____

8. List required courses to be taken prior to Internship I and when you plan to take them:

9. If you know your preferences for a placement site, please list below:

School/Agency	Prospective Supervisor	Telephone
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A. _____
B. _____
C. _____