



Arts, Sciences & Education

School of Education and Human Development

COUNSELOR EDUCATION PROGRAM

Application for Clinical Mental Health and Rehabilitation Counseling INTERNSHIP APPLICATION

Type or print all information clearly and submit 3 copies of all materials to your advisor for signature

1. Keep one copy for your records
2. Submit copy to clinical coordinator
3. Submit copy to advisor for student file

Clinical Mental Health Rehab

Semester & year applying for internship _____

Name:

First Middle Last

Panther ID# Email

Address:

Street City State Zip

Phones:

Home Work Cell

Anticipated Date of Graduation: _____

Where did you complete your practicum?

Site Name

Who was your site supervisor?

Name

Title

Phone

Email

Will you be staying at this site? Yes (end of application) No

If you are planning on leaving your practicum site, please provide a brief explanation for the change:

Preferred Internship Placement Sites (list sites):

1. _____

2. _____

3. _____

→ **Advisor Signature** _____ **Date** _____