

APPLICATION FOR INTERNSHIP
Counseling Psychology

Name _____

Advisor _____

Completion of required coursework

Are all required courses completed? _____ Yes _____ No

If all courses are not completed, which courses are not and in which semester will they be taken?

Comprehensive Examinations

Comprehensive examinations completed as of (date) _____

Comprehensive examinations being taken (date) _____

Dissertation Proposal Defended

Dissertation proposal approved (date) _____

Master's Hours:

Client Contact _____ Supervision _____

Other _____ Total _____

Program Sanctioned Training Experiences:

Describe Experience:

Describe Supervision:

Describe Training Received:

Hours: Client Contact _____ Supervision _____
Other _____ Total _____

Supervisor's Signature _____ Date:
(must be a licensed psychologist)

Please attach a one-page statement of your goals for internship.

Advisor's Signature _____ Date: