

SITE APPLICATION FORM - INTERNSHIP

APPLICATION FOR SEMESTER:

___ SUMMER (20___) application deadline: April 1

___ FALL (20___) application deadline: July 1

___ SPRING (20___) application deadline: November 1

Last Name: _____ First Name: _____

Z number: _____ Student e-mail address: _____

Student phone (day): _____ Student phone (alt): _____

I am applying to enroll in COUN 5901 Internship and I have or will have the prerequisites by the beginning of the course, including COUN 5900 and 27 additional credits in Counseling, for a total of 30 credits. I am proposing that my internship be in the following agency:

Name of Agency: _____ Contact Person: _____

Phone number or email: _____

Address of Site _____

City: _____ State: _____ Zip code: _____

By submitting this application, I understand that I am submitting it to our Internship Coordinator with appropriate signatures, to our Internship Coordinator familiar with the ACA Code of Ethics and I agree to abide by them.

Internship Student

Faculty Advisor (Preceptor)

Upon submission of this application, approval by the Internship Coordinator is required to proceed with the Placement process.

_____ Approved _____