INTERNSHIP APPLICATION: COUNSELOR EDUCATION GRADUATE PROGRAM

Student: ___________________________________________ Adviser: ___________________ Date: ____________

Email Address: _____________________________________ Contact Phone Number: __________________________

I am requesting permission to proceed to Internship in ☐ Mental Health Counseling or ☐ School Counseling beginning Fall ______.

I confirm that, prior to beginning Internship, I will have:

☐ Successfully completed, with a grade of B or better, the following courses:

  ☐ COU530 Practicum in Mental Health Counseling or COU535 Practicum in School Counseling.

  ☐ COU545 Group Dynamics in Counseling.

☐ Maintained an overall GPA of 3.0 or better. My present GPA is _____________

In addition to the academic expectations, I am also aware that I am to be evaluated based on my ability to (a) adhere to the professional and ethical standards of the profession, (b) demonstrate adequate counseling skills and competencies, and (c) attend to my personal development as it impacts my ability to work effectively and ethically as a counselor.

Course Specific Information: (an unofficial transcript also needs to be attached to this application for review).

<table>
<thead>
<tr>
<th>COURSE</th>
<th>SEMESTER/YEAR ENROLLED AND COMPLETED</th>
<th>FACULTY INSTRUCTOR</th>
<th>GRADE (IP if In Progress)</th>
</tr>
</thead>
<tbody>
<tr>
<td>COU530: Practicum in Mental Health Counseling or</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COU535: Practicum in School Counseling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COU545 Group Dynamics in Counseling</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Briefly describe areas of strength (making sure to attend to academic performance, professional, and personal development):

Briefly describe areas for improvement (making sure to attend to academic performance, professional, and personal development):

I confirm that the information in this application is accurate and to my knowledge contains the most current information.

Student Signature: ____________________________________________________________

Print Student Name: _________________________________________________________

Revised January 2019