## APPLICATION FOR INTERNSHIP Counseling Psychology

Name	
Advisor	
Completion of required coursework	
Are all required courses completed?Y	YesNo
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	e)
Dissertation Proposal Defended	
Dissertation proposal approved (date)	
Master's Hours:	
Client ContactOther	SupervisionTotal

## **Practicum Placements**

Please log all practicum placements by semester, inserting the year and the placement. List **all** placements, including those to be completed before internship begins.

Semes	ter	Placement	
As of th	is date:		
Hours:	Client Contac	t	Supervision
	Other		Total
Anticipa	ated by first app	olication deadline (include p	rogram sanctioned hours):
Hours:	Client Contac	t	Supervision
			Total
Anticipa	ated by start of	internship (include program	sanctioned hours)
Hours:	Client Contac	t	Supervision
-			Total

Program	Sanctioned Training Experiences:		
Describe	e Experience:		
Describe	e Supervision:		
Describe	e Training Received:		
Hours:	Client ContactOther	Supervision Total	
(must	visor's Signature be a licensed psychologist) attach a one-page statement of your goa	ls for internship.	_Date:
Adviso	or's Signature		_ Date: