APPLICATION FORM FOR INTERNSHIP  
CPS 790, 791, 795

INSTRUCTIONS: The form is to be completed in quadruplicate. The student is responsible for obtaining clearance signatures at the bottom of the page and for distributing copies to the following people: 1) Registrar, 2) Student’s Academic Advisor, 3) Faculty Supervisor, 4) Student, 5) Field Supervisor.

NAME OF STUDENT ___________________________ Number of Credits Completed ___

Program Title (to be supplied by Chairman): Mental Health Counseling

Course No. __________________ Course Name Field Experience in MHC (I,II, or III)

The amount of credit hours you expect to earn in this course: 3 cr.
(NOTE: A full course equals 3 credit hours)

Department in which internship is to be taken: Social Sciences and Counseling

Term in which course will be undertaken (please include year): ________________

THE FOLLOWING INFORMATION MUST BE GIVEN (USE ADDITIONAL SHEET IF NECESSARY)

Briefly describe the nature of the program you are proposing:

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Briefly outline the methods to be employed in the program:

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Briefly describe the process of supervision and evaluation (to be supplied by the study supervisor):

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

CLEARANCES: Student _____________________________

Academic Advisor _____________________________

Faculty Member Supervisor ____________________

Off-Campus Supervisor _________________________