Radford University: Department of Counselor Education Internship

Part A: Application to Reserve Internship Seat (Due Spring Semester – Second Friday in February)

Personal Information

Name: _______________________________ Student Number: _______________________________

Address: ____________________________

Street City State Zip

Phone (H): _______________ Phone (W): _______________ Email: __________________

Academic Information

Advisor: ___________________ Concentration: ___________________

_____ Radford University Main Campus _____ Abingdon Campus

My expected date of graduation is ___________. ***Please attach unofficial transcript to application.

I have met with my advisor, who confirms that I will have the necessary coursework completed. ___________

(faculty initials)

Internship Information

Please complete the following information for your Internship seat reservations:

____ 1st Internship When: ________________ □ 690 □ 691 □ 692 □ 693 □ 694

Semester/Year

____ 2nd Internship When: ________________ □ 690 □ 691 □ 692 □ 693 □ 694

Semester/Year

____ 3rd Internship When: ________________ □ 690 □ 691 □ 692 □ 693 □ 694

Semester/Year

Site Information

Community or Student Affairs:

_____ I have discussed placement sites with my advisor and I am in the process of looking into a site placement.

Part B must be finalized in advance for course registration. Anticipated finalization date ___________.

Once finalized, the student must complete PART B: CLINICAL SITE AND SUPERVISOR SELECTION. If the site or the supervisor is not COED approved, the necessary documentation MUST be attached. (See Website/Manual)

School Internships: The College will work to consider your preferences for placements

1) School System/Name: ___________________________ Semester: ___________ Grade Level: ________

2) School System/Name: ___________________________ Semester: ___________ Grade Level: ________

3) School System/Name: ___________________________ Semester: ___________ Grade Level: ________

4) School System/Name: ___________________________ Semester: ___________ Grade Level: ________

Part B must be completed at the start of the internship class, once the student has met with the supervisor.

Signatures

___________________________________________________ __________________________

Student Date

___________________________________________________ __________________________

Faculty Advisor (by signing this, the advisor agrees the student has met the requirements for internship.) Date