RADFORD UNIVERSITY

Student Counseling Services

Internship Application

Name: _____

Street Address: _____

Radford Email Address: _____

Radford ID #: _____

Phone Number: _____

Graduate Program:

___ Counseling Psychology (PsyD) ___ Counselor Education
___ Clinical Psychology (Masters) ___ Social Work ___Other:_____

Semester(s) you are interested in interning: _____

Why are you interested in interning with Student Counseling?

References (please list two):

Name: _____
Phone Number: _____
Email: _____

Name: _____
Phone Number: _____
Email: _____

Please attach an updated resume or CV to your application and email to: emclaughl7@radford.edu

Student Counseling Services | P.O. Box 7008 | Davis Hall, Lower Level | Radford, VA 24142
Email: scs@radford.edu | Phone: (540) 831-5226