Application for Internship

Clinical Mental Health Counseling

**Directions:** Complete the entire application. Fill out each box. Attach your **resume** and a copy of your most recent **unofficial** **academic transcript**. Applications with missing information will not be considered for any internship. Return this completed form to the Practicum and Internship Committee Chair.

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| Name (Last, First, Middle):       | RU Student Id #      |
| Street Address:       | City, State & Zip:       |
| Email :      | Home Phone:       | Work Phone:      | Other Phone:       |
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| Indicate year when you entered the program:  |   |
| Prospective graduation date: | [ ]  December        Year[ ]  May       Year |
| Indicate the semester and year in which you plan to be *enrolled* in internship: | 1st Internship: Semester:       Year:       | 2nd Internship: Semester:       Year:       | 3rd Internship (optional for additional licensure hours): Semester:       Year:       |
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| **Internship Site Information** |
| Internship Site: | Address: | Phone Number: | Email:  |
| Supervisor Name and Title: | Degree and Graduation Year: | Licensure/Certification(s): | Years of Experience: |
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| If approved by the Practicum and Internship Committee, are you interested in using your current employment as your internship? | [ ]  Yes [ ]  No | If YES, what is your current job title, employer, and supervisor? Please also provide contact information.      |
| Internship Application Signature:  | Date: |
| Advisor Name:Advisor Signature:  | Date: |