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: |
|  | | | | | | | | |
| 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: |
|  | | | | | | | | |
| **Internship Site Information** | | | | | | | | |
| Internship Site: | | Address: | | | | Phone Number: | | Email: |
| Supervisor Name and Title: | | Degree and Graduation Year: | | | | Licensure/Certification(s): | | Years of Experience: |
|  | | | | | | | | |
| 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: | | | |