



**SCHOOL OF PSYCHOLOGY & COUNSELING
PHD, COUNSELOR EDUCATION & SUPERVISION
INTERNSHIP APPLICATION**

Student Name: _____	
Indicate the semester and year in which you plan to begin internship: _____	
Student ID#: _____	Faculty Mentor: _____
Regent e-mail address: _____	Telephone #: _____

Please compile the items listed below to submit with your application:

- Unofficial Transcript
- Waiver of Liability
- Student Ethical Agreement
- Proof of Liability Insurance (Note: MUST have appropriate state coverage)

Internship Applicant Signature Date

This section is for faculty use only.

Does the applicant have any outstanding PDF(s)? Yes No
Note: Depending on the reason for the PDF, an applicant's candidacy for practicum can be denied until it is resolved.

Faculty Mentor Signature Date

Intern Candidacy is: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
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