NDSU Counselor Education Program Internship Application

It is the practice of the NDSU counselor education program that students begin their internship experience in the fall semester and that the internship experience takes place over one full academic year (Fall and Spring semesters). Any exceptions must be submitted in writing and approved by the counseling faculty. This application form must be submitted to the counseling program administrative assistant by April 1.

Note: Students who plan to have multiple sites and supervisors must submit an application for each site.

Student Name (Please Print) Internship Start Date (Semester/Year) Please check the appropriate internship program setting and identify the start date. Clinical Mental Health Counseling			
		School Counseling (Identify Area(s) of Co	ncentration)
		Total Number of Internship Hours	
Identify Internship Site			
Address			
Contact Person/Site Supervisor			
Phone/E-mail (Site Supervisor)			
Please Read Carefully, Sign and Date			
I hereby attest that I have successfully completed internship and that I understand the expectations, internship.	± ±		
Student Signature	Date:		
Advisor Signature	Date		
Received			