

NDSU Counselor Education Program
Request for Internship Exception
(Submit with Internship Application)

Student Name (Please Print) _____

Track _____

Identify Specific Request and Rationale (PLEASE TYPE)

Student Signature _____

Date: _____

Advisor Signature _____

Date _____

Received _____

Faculty Decision: _____ Approved

_____ Denied

Date: _____