

**REGISTRATION FOR MASTER'S COUNSELING INTERNSHIP**  
**Counselor Education**

Name: \_\_\_\_\_ PID: \_\_\_\_\_  
Email: \_\_\_\_\_ Anticipated Graduation: \_\_\_\_\_

Program:     \_\_\_ CMHC (ME6278)     \_\_\_ CMHC/CLRC (ME6324)  
              \_\_\_ CMH/SC (ME6298)     \_\_\_ SC (ME6274)

Registering for:     \_\_\_ EDCE 6915: Counseling Internship

I plan to enroll in:

\_\_\_ FALL of \_\_\_ (YEAR)     \_\_\_ SPRING of \_\_\_ (YEAR)     \_\_\_ SUMMER of \_\_\_ (YEAR)

I have completed the following courses:

- \_\_\_ EDCE 6200: Foundations of Counseling
- \_\_\_ EDCE 6550: Counseling Theory and Techniques
- \_\_\_ EDCE 6310: Appraisal I

I have completed OR plan to take concurrently with EDCE 6920, the following courses:

- \_\_\_ EDCE 6450: Counseling Over the Lifespan
- \_\_\_ EDCE 6620: Diagnosis and Treatment Planning in Counseling
- \_\_\_ EDCE 6500: Group Counseling I
- \_\_\_ EDCE 6860: Multicultural Counseling

\_\_\_ I plan to complete my internship at the following site:

Site: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_

Site Supervisor Email: \_\_\_\_\_

**\*\*\*Please make sure you fill out all aspects of the form\*\*\***

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor Printed Name and Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Practicum and Internship Coordinator Signature

\_\_\_\_\_  
Date

**Return to the Practicum and Internship Coordinator no later than the 6th week of the semester preceding the semester in which you plan to start practicum or internship.**