

Request for Approval of Internship Hours during the Semester Break

Student: _____

PID: _____

The counseling experience will occur during the break between: (select one)

___ Fall and Spring

___ Spring and Summer

___ Summer and Fall

from _____ to _____.

Note that students may only work up to 20 hours per week.

Site Supervisor

1. The site supervisor must be willing to be fully responsible for supervision of the trainee;
2. Agree to meet with the counseling intern at least one hour each week for individual;
3. Understands and acknowledges that a faculty supervisor will be unable to meet with the trainee;
4. Agree to sign weekly logs.

Supervisee

1. The supervisee must meet with the supervisor at least one hour each week for individual supervision;
2. Agree to complete weekly logs and submit these to the course for the next term;

By my signature below, I acknowledge that I have reviewed the policy on earning counseling practicum/internship hours during the break between semesters and understand the contents thereof.

Student Signature

Date

Current Faculty Instructor, Printed Name and Signature

Date

Site Supervisor, Printed Name and Signature

Date

Advisor, Printed Name and Signature

Date

Practicum and Internship Coordinator Signature

Date

Note: The Practicum and Internship Coordinator is the final signature, and can only be applied following the approval of all other parties.