

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.