Application for School Counseling Internship

Department of Counseling and Higher Education
Eastern Illinois University

NOTE: Supervisees must attend an Internship Informational meeting the semester prior to Internship.

(Type or print clearly) **DATE**_____

Name _____ Banner E#_____

Street Address _____

City _____ State _____ Zip Code _____

Telephone # _____ Cell Telephone # _____

E-mail Address _____

PREREQUISITES: Completion of CHE 5630 (Practicum) with a grade of "B" or better and approval of the Departmental Chair.

NOTE: Supervisees must complete the final three (3) semester hours (or six semester hours if taken all in one semester) of CHE 6922 (Supervised School Experience) with a grade of "B" or better before graduating.

ANTICIPATED GRADUATION DATE: _____

1st Internship (Please check which semester) ☐ Fall ☐ Spring ☐ Summer

2nd Internship (Please check which semester) ☐ Fall ☐ Spring ☐ Summer

3rd Internship (Please check which semester) ☐ Fall ☐ Spring ☐ Summer

PREFERRED INTERNSHIP SITE: _____

For Alternative Certification only:

PASSED TAP/ACT TEST ☐

COMPLETED BACKGROUND CHECK ☐