

Application for School Counseling Internship
Department of Counseling and Student Development
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 CSD 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 CSD 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