# 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 □