

# APPLICATION FOR INTERNSHIP

COUNSELOR EDUCATION: CLED 672

APPLICATION MUST BE ACCOMPANIED BY TWO COPIES OF YOUR RESUME, UNOFFICIAL TRANSCRIPTS, AND AN UP TO DATE TUBERCULOSIS SKIN TEST. VCU OFFICIAL TRANSCRIPTS WILL BE REQUESTED FOR YOU BY THE STUDENT SERVICES CENTER. *Please be sure to secure your advisor's signature. All parts of the application and accompanying documents must be typed or written legibly.*

NAME: \_\_\_\_\_ STUDENT # \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE) (Do not indicate your SSN#)

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

DAYTIME TELEPHONE: \_\_\_\_\_ HOME TELEPHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ CUMULATIVE GPA: \_\_\_\_\_  
\_\_\_\_\_  
(PLEASE INCLUDE UNOFFICIAL TRANSCRIPTS)

SEMESTER FOR PLACEMENT: FALL \_\_\_\_\_ SPRING \_\_\_\_\_ YEAR: \_\_\_\_\_

## **PRACTICUM INFORMATION:**

SCHOOL OR UNIVERSITY OFFICE NAME: \_\_\_\_\_

SCHOOL DIVISION (IF APPLICABLE): \_\_\_\_\_

ANY EXPERIENCE AT THE FRIENDS ASSOCIATION? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE DESCRIBE: \_\_\_\_\_

NAME OF **SCHOOL DIVISION, AGENCY, OR UNIVERSITY OFFICE** REQUESTED:

**1. DESIRED LEVEL FOR PRIMARY PLACEMENT (CIRCLE ONE):** ELEMENTARY MIDDLE SECONDARY POST SEC.

\_\_\_\_\_  
(NAME OF REQUESTED PRIMARY SITE—PLEASE INCLUDE SCHOOL DIVISION IF APPLICABLE)

**2. DESIRED LEVEL FOR SECONDARY PLACEMENT (CIRCLE ONE):** ELEMENTARY MIDDLE SECONDARY POST SEC.

\_\_\_\_\_  
(NAME OF REQUESTED SECONDARY SITE—PLEASE INCLUDE SCHOOL DIVISION IF APPLICABLE)

CURRENT LICENSE HELD (IF ANY):

COLLEGIATE PROFESSIONAL \_\_\_\_ PROVISIONAL \_\_\_\_\_ POSTGRADUATE PROFESSIONAL \_\_\_\_\_ NONE \_\_\_\_\_

**I HAVE INCLUDED THE FOLLOWING: (1) A COMPLETED APPLICATION (2) AN UNOFFICIAL TRANSCRIPT (3) TWO COPIES OF MY RESUME (4) AN UP TO DATE TUBERCULOSIS SKIN TEST.**

\_\_\_\_\_  
(APPLICANT'S SIGNATURE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(ADVISOR'S SIGNATURE)

\_\_\_\_\_  
(DATE)

**DO NOT WRITE BELOW THIS LINE - APPROVED SCHOOL DIVISION/AGENCY USE ONLY**

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SITE SUPERVISOR/PRINCIPAL

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DATE

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SCHOOL/AGENCY

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DATE

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SUPERVISING SITE COUNSELOR/ADMINISTRATOR

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DATE

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COORDINATOR

---

DATE

**Return to:**

**VCU School of Education  
Counselor Education Department  
P.O. Box 842020  
1015 West Main Street, Room 3096A  
Richmond, Virginia 23284-2020**

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