

CECP 6130 Site Information Form

Please write legibly, acquire advisor signature(s), and submit to Internship Coordinator.

STUDENT INFORMATION

TITLE (Mr, Ms) _____ FIRST NAME _____ LAST NAME _____ M.I. _____ WIN # _____

STREET ADDRESS _____ GENDER _____

CITY/ STATE/ ZIP CODE _____ PHONE # – MAIN _____

EMAIL ADDRESS _____ PHONE # – OTHER _____

PROGRAM AREA: Check one line, specify sub-area if applicable (CE = Counselor Education)

____ CE: SCHOOL COUNSELING specify: ____ K-8 ____ 6-12 ____ K-12 ____ SCHOOL COUNSELOR LICENSE

____ CE: COLLEGE COUNSELING

____ CE: COMMUNITY COUNSELING

____ CE: CLINICAL MENTAL HEALTH COUNSELING

____ CE: MARRIAGE, COUPLE & FAMILY COUNSELING

____ CE: REHABILITATION COUNSELING

____ COUNSELING PSYCHOLOGY

Specify an emphasis area (if applicable):

____ SPADA (emphasis)

____ MFT (emphasis)

____ HOLISTIC HEALTH (emphasis)

GENERAL INFORMATION

APPLICATION LOCATION: ____ KZ ____ GR

GROUP SUPERVISION LOCATION: ____ KZ ____ GR ____ N/A (only if applicable and Counseling Psychology)

GRADUATION DATE (SEM/YYYY): _____ ADVISOR: _____

DURATION (choose one):

*1 SEMESTER, Full-time (4 mos): _____ SEMESTER / YEAR _____ (4) CREDIT HOURS

*2 SEMESTERS, Part-time (8 mos): _____ 1st SEMESTER / YEAR _____ (#) CREDIT HOURS (specify)

_____ 2nd SEMESTER / YEAR _____ (#) CREDIT HOURS (specify)

***Note:** For a summer semester, specify how many credit hours you want to be registered, in each of the sessions (I and II).

For Office Use Only: (do not write below this line)

Packet sent to site _____ LP ltr to supr (or N/A) _____ Site Accept Form rec'd _____

LP verif rec'd (or N/A) _____ Registered CRN# - Instructor _____ Student Notified _____

Paperwork Rec'd: Goals _____ Log Summary Form _____ Weekly Log Summary _____

Supr's Eval _____ Student's Eval of site _____ Grade/Date _____ "I" removed - Grade/Date _____

STUDENT INFORMATION

TITLE (Mr, Ms) FIRST NAME LAST NAME M.I. WIN #

TOTAL # of 6130 sites: _____

SITE #1 INFORMATION

BEGINNING SEMESTER / YEAR ENDING SEMESTER / YEAR

NAME OF INTERNSHIP SITE (AGENCY):

SITE CONTACT PERSON INFORMATION:

TITLE FIRST NAME LAST NAME DEGREE(S) LICENSE(S)

STREET ADDRESS CITY / STATE / ZIP PHONE #

EMAIL ADDRESS FAX #

ON SITE SUPERVISOR INFORMATION (complete even if same as above):

TITLE FIRST NAME LAST NAME DEGREE(S) LICENSE(S)

STREET ADDRESS CITY / STATE / ZIP PHONE #

EMAIL ADDRESS FAX #

LP SUPERVISOR INFORMATION (required for counseling psych students, for others if applicable):

TITLE FIRST NAME LAST NAME DEGREE(S) LICENSE(S)

STREET ADDRESS CITY / STATE / ZIP PHONE #

EMAIL ADDRESS FAX #

ADVISOR APPROVAL OF _____ # SITE(S): (print advisor's name below)

I have discussed the internship application process with my advisor, _____

STUDENT SIGNATURE DATE

I approve this student's internship site(s) and plan (i.e.; duration, supervisor, etc)

ADVISOR SIGNATURE DATE

COMMENTS (special instructions, supervision requirements, etc., if applicable; attach additional page if needed):