

COUNSELING PRACTICUM (COUN 6405)/INTERNSHIP (COUN 6698)
APPLICATION
in the
Department of Counseling, Foundations, and Leadership
Columbus State University

Note: All information on this form must be completed. *Incomplete forms will be returned to the Applicant.* The completed **form must be signed** by both your Academic Advisor and your intended Site supervisor before it is submitted to the Practicum Coordinator agreeing to practicum/internship expectations.

Date submitted: _____ Date approved: _____

Student's Name: _____

Street Address: _____

City, State, Zip: _____

Home Phone: (____) _____ - _____ Office Phone: (____) _____ - _____

Practicum Term: _____

Expected Term for First Internship: _____

Expected Term for Second Internship: _____

Name of Site: _____

Address: _____

City, State, Zip: _____

Office Phone: (____) _____ - _____

On-Site Supervisor's Name: _____

Title: _____ Office Phone: (____) _____ - _____

On-Site Supervisor's Signature: _____

NOTE: Supervisors must have a minimum of a Master's degree and be properly licensed and credentialed in their field. (*Signature indicates supervisor's willingness to provide one hour of supervision per week with student.*)

On-Site Supervisor's Graduate degree(s) - include type (e.g., M.S.) & major (Counseling):

On-Site Supervisor's Credentials:

Georgia School Counselor Certification _____ NCC _____ NCSC _____ CCMHC _____

LCSW _____ LMFT _____ LPC _____ ASC _____ Other(s) _____

Concentration or Specialty : _____

Years of Counseling Experience: _____

Academic Advisor's Name: _____

Academic Advisor's Signature: _____

School System Representative's Name: _____

School System Representative's Signature: _____

Site Approval: _____ OR Denial: _____

Practicum Coordinator's Signature Date: _____

Comments (Particularly Reasons for Denial): _____

Note: Do not begin collecting hours at the Site before the start of the academic term indicated on the previous page.