

Andrews  University
Counseling & Testing Center
INTERNSHIP/PRACTICUM APPLICATION

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

Number of Internship/Practicum Hours Required: _____

UNDERGRADUATE COLLEGE/UNIVERSITIES ATTENDED AND DATES

College/University

Date

_____	_____
_____	_____
_____	_____

Major Area of Undergraduate Study _____

Graduate Curriculum _____

Degree and Expected Date of Graduation _____

Emphasis of Graduate Training (including pertinent courses)

Desired Work Setting Post Graduation _____

SUPERVISION RECEIVED TO DATE

<u>Place</u>	<u>Hours</u>	<u>Name of Supervisor</u>

Professional Experience (setting & duties)

Goals or objectives sought through affiliation with Counseling & Testing Center. (What do you want to do? What do you want to learn?)

Are you planning to pursue Michigan Licensure as a psychologist?

Please submit the following with your application and return it to:

**Stacey Nicely, Ph.D., Director
Counseling & Testing Center**

1. Resume
2. Two written recommendations (at least one must be from a practicum clinical supervisor who has an earned doctorate)
3. Transcript reflecting graduate courses in counseling program