Counseling & Testing Center
INTERNSHIP/PRACTICUM APPLICATION

NAME: ____________________________ DATE: _______________________

ADDRESS: ____________________________ PHONE: _______________________

Number of Internship/Practicum Hours Required: __________________________

UNDERGRADUATE COLLEGE/UNIVERSITIES ATTENDED AND DATES

<table>
<thead>
<tr>
<th>College/University</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Place</th>
<th>Hours</th>
<th>Name of Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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:**

Judith Fisher, 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