

Counseling Internship Application

University of North Carolina at Greensboro
Department of Counseling and Educational Development

Name: _____ Advisor: _____

Internship applying for: _____ 680A _____ 680B _____ 680C _____ 680D

Semester applying (please list only 1 internship and semester per form):
_____ Fall 2_____ _____ Spring 2_____ _____ Summer 2_____

*If you have already been, or currently are, on internship in the CED program, please indicate where you have interned at and how many semesters you were at the location: _____

If applying for CED 680A, please specify the semester the following prerequisite courses were taken. AND the classes and attached practicum were successfully completed (e.g., no IP/failing grades):

CED 605 _____	CED 648 _____ School Counselor only
CED 610 _____	CED 602 _____ Student Development only
CED 620 _____	CED 603 _____ Student Development only
CED 650 _____	CED 644 _____ Community/Couples-Family
CED 678 _____	CED 688 Diagnosis _____ Community/Couples-Family
CED 688 Advanced Practicum _____	

Track and Environmental Emphasis:

_____ School Counseling (_____ Elementary _____ Middle _____ High)
 _____ Community Counseling (please specify emphasis area: _____)
 _____ Student Development (please specify emphasis area: _____)
 _____ Couples and Family

School Counseling: Please list school sites that you are interested in that are specific to your emphasis area. While no site can be guaranteed, you can list your preferences in terms of school and/or county. Please list and explain any special contacts you may have with the particular site. The School Counseling Track Coordinator will arrange all school placements.

All other tracks: Indicate your order of preference for those sites you desire. After approval is given (you will receive a letter) by the program faculty, it is the student's responsibility to contact internship sites and arrange interviews with the site host. If you have an alternative site that is not on this list, please contact your advisor and the internship coordinator asking for approval. If you are interested in a site not currently approved or on the internship database list, please complete and submit an "Internship Site Survey Form" for consideration.

Name of Internship Setting	Advisor Approval	Internship Coord. Approval
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Advisor's Signature

Date

Do you currently hold a paid position at any of the sites you are applying for? ____ No ____ Yes

Application Deadlines: Summer/Fall semesters – apply by 4th Friday in Spring Semester

Spring semesters – apply by 4th Friday in Fall semester

Please turn in to: Kelly L. Wester, Internship Coordinator, 224 mailbox by 5 p.m. on above dates