

**DEPARTMENT OF COUNSELING AND EDUCATIONAL
DEVELOPMENT
INDEX CARD INFORMATION**

****ALL INFORMATION ON THIS FORM MUST BE FILLED OUT AND TURNED IN WITH THE INSTRUCTIONAL AGREEMENT.**

Student's Name: _____

Student Internship Course:

Master's Students

CED 680A

CED 680B

Master's and/or PMC Students

CED 680C

CED 680D

Doctoral Students

CED 780A

CED 780B

CED 780C

Student Track:

Community Counseling

Couples and Family Counseling

School Counseling

Student Development

Doctoral Level (+ emphasis your area above)

Student Local Address: _____

Street Name and # _____

City, State, Zip: _____

Phone: _____ Email: _____

Internship Site Name: _____

Address:

Street Name and # _____

City, State, Zip: _____

Phone: _____

Site Supervisor's Name: _____

Site Supervisor's Position/Title: _____

Site Supervisor's Highest Degree Completed (MA, MS, EdS, PhD, MD) _____

Degree Completed in Profession/Major? _____

Site Supervisor's Credentials (licensure, certifications, etc. – please spell out if you use an acronym) _____

Site Supervisor's Phone: _____ Email: _____