

**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: _____

Semester: Fall Spring Summer

Student Internship Course:

Master's Students	Master's and/or PMC Students	Doctoral Students
<input type="checkbox"/> CED 680A	<input type="checkbox"/> CED 680C	<input type="checkbox"/> CED 780A
<input type="checkbox"/> CED 680B	<input type="checkbox"/> CED 680D	<input type="checkbox"/> CED 780B
		<input type="checkbox"/> CED 780C

Student Track:

- Clinical Mental Health 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? _____

Year of Degree: _____

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

Site Supervisor's Phone: _____ Email: _____