

# STOCKTON UNIVERSITY | COUNSELING PROGRAM

## SITE APPLICATION FORM - INTERNSHIP

### APPLICATION FOR SEMESTER:

\_\_\_ SUMMER (20\_\_\_) application deadline: April 1

\_\_\_ FALL (20\_\_\_) application deadline: July 1

\_\_\_ SPRING (20\_\_\_) application deadline: November 1

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Z number: \_\_\_\_\_ Student e-mail address: \_\_\_\_\_

Student phone (day): \_\_\_\_\_ Student phone (alt): \_\_\_\_\_

I am applying to enroll in COUN 5901 Internship and I have or will have the pre-requisites by the beginning of the course, including COUN 5900 and 27 additional credits in Counseling, for a total of 30 credits. I am proposing that my internship be in the following agency:

Name of Agency: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone number or email: \_\_\_\_\_

Address of Site: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

By submitting this application, I understand that I will not be registered until I have a **Clinical Site Approval form** (if not previously approved site), **my supervisor's vita**, and have submitted a completed **Internship Agreement**, with appropriate signatures, to our Internship Coordinator. I am familiar with the ACA Code of Ethics and I agree to abide by them.

\_\_\_\_\_  
**Internship Student**

\_\_\_\_\_  
**Faculty Advisor (Preceptor)**

*Upon submission of this application, approval by the Internship Coordinator is required to proceed with the Placement process.*

\_\_\_ Approved \_\_\_ Not Approved Affiliation Agreement Y N N/A

Internship Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_