

Internship Application Summary

Name: _____ Signature _____ Date _____

Best Ph# to be reached at _____ Other Ph.#: _____

Email address _____ Mailing address _____

Graduate Institution: _____ Department/ School : _____

Type: ___Clinical ___Counseling Other (specify) _____

Degree: ___M.A. Ph.D. ___ Psy.D. ___Ed.D. ___ Other (specify) _____

List all undergraduate and graduate programs that you have attended.

1. _____
2. _____
3. _____

Dissertation Topic (when applicable): _____

Current Status of Dissertation: *Date Completed or Expected*

Proposal approved _____

Defended _____

Course work _____

Letters of recommendation will be coming from the following (Name and contact info: phone or e-mail)

1. _____
2. _____
3. _____

What are your personal and professional “dreams”?

(For Office Use) Application Material Received and Schedule for Interview

_____ PI Summary Application _____ Vita _____ Bio/Testimonial –one page 1. _____ 2. _____ 3. _____ letters of recommendation

_____ Fingerprinting _____ TB Test _____ 1st.Aid & CPR _____ Health Certification _____ Emergency Information

_____ Date Scheduled Personal Interview _____ Leading Interviewer _____ Confirmed by

Comments _____