

Radford University: Department of Counselor Education Internship
Part A: Application to Reserve Internship Seat (Due Spring Semester – Second Friday in February)

Personal Information

Name: _____ Student Number: _____
Address: _____
Street City State Zip
Phone (H): _____ Phone (W): _____ Email: _____

Academic Information

Advisor: _____ Concentration: _____
___ Radford University Main Campus ___ Abingdon Campus

My expected date of graduation is _____. *****Please attach unofficial transcript to application.**
I have met with my advisor, who confirms that I will have the necessary coursework completed. _____
(faculty initials)

Internship Information

Please complete the following information for your Internship seat reservations:

___ 1st Internship When: _____ 690 691 692 693 694
Semester/Year
___ 2nd Internship When: _____ 690 691 692 693 694
Semester/Year
___ 3rd Internship When: _____ 690 691 692 693 694
Semester/Year

Site Information

Community or Student Affairs:

___ I have discussed placement sites with my advisor and I am in the process of looking into a site placement.

Part B must be finalized in advance for course registration. Anticipated finalization date _____

Once finalized, the student must complete PART B: CLINICAL SITE AND SUPERVISOR SELECTION. If the site or the supervisor is not COED approved, the necessary documentation MUST be attached. (See Website/Manual)

School Internships: The College will work to consider your preferences for placements

1) School System/Name: _____ Semester: _____ Grade Level: _____
2) School System/Name: _____ Semester: _____ Grade Level: _____
3) School System/Name: _____ Semester: _____ Grade Level: _____
4) School System/Name: _____ Semester: _____ Grade Level: _____

Part B must be completed at the start of the internship class, once the student has met with the supervisor.

Signatures

Student Date

Faculty Advisor (by signing this, the advisor agrees the student has met the requirements for internship.) Date