

Counseling & Testing Center
INTERNSHIP/PRACTICUM APPLICATION

NAME: _____ **DATE:** _____

ADDRESS: _____ **PHONE:** _____

Number of Internship/Practicum Hours Required: _____

UNDERGRADUATE COLLEGE/UNIVERSITIES ATTENDED AND DATES

College/University

Date

SUPERVISION RECEIVED TO DATE

Place

Hours

Name of Supervisor

Professional Experience (setting & duties)

Goals or objectives sought through affiliation with Counseling & Testing Center. (What do you want to do? What do you want to learn?)

Are you planning to pursue Michigan Licensure as a psychologist?