Andrews & Liniversity Counseling & Testing Center INTERNSHIP/PRACTICUM APPLICATION

NAME:	DATE:
ADDRESS:	PHONE:
Number of Internship/Practicum Hours Requi	red:
Undergraduate college/u	JNIVERSITIES ATTENDED AND DATES
College/University	Date
Curriculum	
d Expected Date of Graduation	
of Graduate Training (including pertinent courses)	
ork Setting Post Graduation	

SUPERVISION RECEIVED TO DATE

<u>Place</u>

<u>Hours</u>

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?