

Internship Application Form

Student Name		SS#	
Address		Home Phone #	
		Work Phone #	
		Cell Phone #	
Email Address			
Advisor			

Application is for: CMHS 6940 CMHS 8940

Starting: Fall Spring Summer Year: _____

Do you have professional liability insurance? Yes No

Do you have an approved program of study on file? Yes No

Supervisor's Name	
Placement Site	
Placement Address	
Placement Telephone	
Placement Fax	

Approved for Internship by: _____

Faculty/Internship Coordinator

Date