Revised 10/2020

Request for Permission to Enroll in Internship
Master's Level Counseling Programs

This form must be submitted by September 15 for Spring semester and by February 15 for Fall semester
(If these dates fall on a weekend or holiday, forms are due the Friday before).

Date: _____

To: _____
Advisor

From: _____ Email: _____
Student

I request permission to enroll in COUN 687 Internship during the _____ term, 20 _____.

I attended the required field experience information meeting in person or by video _____.

I have reviewed the Field Experience information in the Student Handbook _____.

I have completed and have documentation of the required police background check (required annually), including a written explanation of any discrepancies/charges (if applicable) _____.

I want to purchase the WCU/UNC System professional liability insurance, and acknowledge my student account will be charged a premium fee _____.

For CMHC students: I am interested in receiving more information about a Summer internship opportunity _____.

Place a checkmark (√) beside the classes you have completed or currently enrolled:

Prerequisites	Core courses	Others and Electives
COUN 602	COUN 610	COUN 620 (PSC)
COUN 605	COUN 617	COUN 645 (PSC)
COUN 615	COUN 625	COUN 612
COUN 623 (CMHC)	COUN 633	COUN 621
COUN 630	COUN 635	COUN 637
COUN 660 (PSC)	COUN 640	COUN 672
COUN 686	COUN 650	COUN 677
Have read Student Handbook	COUN 667	COUN 693
Reviewed ACA ethical Codes	EDRS 602 or COUN 670	Other:

Practicum site: _____

Practicum site supervisor: _____

I plan to enroll in the following courses concurrently with Internship:

1. _____ 2. _____ 3. _____

After consultation with your advisor, list your preferences for an internship placement. Please consult the field placement notebooks, your advisor, and/or other faculty as needed. Please understand that we cannot guarantee your preference for field placement, but will do our best to accommodate you.

	Site:	Site Supervisor:	Phone and Email:
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Notes:

***Note: Documentation of professional liability insurance is required during your practicum and internship experiences, and a copy must be provided to your faculty and site supervisor the first week of field practice.**

Reminder: Applications for graduation are due when you register for your last semester of class(es).

I plan to complete all program requirements and graduate at the end of _____term, 20____.

This application for Internship is ready for faculty review:

_____ _____
Advisor Signature Date

_____ _____
Student Signature Date

Action taken by faculty:

APPROVED _____ NOT APPROVED _____

Comments:

_____

_____

_____ _____
Field Experience Coordinator Date