

Application for Clinical Mental Health Counseling Internship

Department of Counseling and Higher Education
Eastern Illinois University



NOTE: Supervisees must attend an Internship Informational meeting the semester prior to Internship.

(Type or print clearly)

DATE _____

Name _____ Banner E# _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone # _____ Cell Telephone # _____

E-mail Address _____

PREREQUISITES: Completion of CHE 5630 (Practicum) with a grade of "B" or better and approval of the Departmental Chair.

NOTE: Supervisees must complete the final three (3) semester hours (or six semester hours if taken all in one semester) of CHE 6902 (Supervised Clinical Experience) with a grade of "B" or better before graduating.

ANTICIPATED GRADUATION DATE: _____

1st Internship (Please check which semester) Fall Spring Summer

2nd Internship (Please check which semester) Fall Spring Summer

3rd Internship (Please check which semester) Fall Spring Summer

PREFERRED INTERNSHIP SITE: _____