

Stockton University M. A. Counseling Program

FIELD PLACEMENT APPLICATION FORM - INTERNSHIP

APPLICATION FOR SEMESTER:

___ SUMMER (20___) application deadline: April 1

___ FALL (20___) application deadline: July 1

___ SPRING (20___) application deadline: November 1

Last Name: _____ First Name: _____

Z number: _____ Student e-mail address: _____

Student phone (day): _____ Student phone (alt): _____

I am applying to enroll in COUN 5901 Internship and I have or will have the pre-requisites by the beginning of the course, including COUN 5900 and 27 additional credits in Counseling, for a total of 30 credits.

I am proposing that my internship be in the following agency:

Name of Agency: _____ Contact Person: _____

Address of Agency: _____

City: _____ State: _____ Zip code: _____

By submitting this application, I understand that I will not be registered until I have a committed Field Placement and have submitted a completed Internship Confirmation Form, with appropriate signatures, to our Internship Director. I am familiar with the ACA Code of Ethics and I agree to abide by them.

Faculty Endorsement

Upon submission of this application, approval by your academic advisor is required to proceed with the Field Placement process.

_____ Approved _____ Not Approved

Faculty Advisor: _____ Date: _____