



**STOCKTON**  
UNIVERSITY

COUNSELING PROGRAM

**SITE APPLICATION FORM - INTERNSHIP II**

**APPLICATION FOR SEMESTER:**

\_\_\_ **SPRING (20\_\_\_)** application deadline: **November 1**

\_\_\_ **FALL (20\_\_\_)** application deadline: **July 7**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Z number: \_\_\_\_\_ Student e-mail address: \_\_\_\_\_

Student phone (day): \_\_\_\_\_ Student phone (alt): \_\_\_\_\_

I am applying to enroll in COUN 5902 (Internship II), and I have or will have the pre-requisites by the beginning of the course, including COUN 5900 (Practicum) with a grade of B or better, COUN 5901 (Internship I) with a grade of B or better, and 27 additional credits in Counseling, for a total of 30 credits. I am proposing that my internship be in the following site:

Name of Site: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone or email: \_\_\_\_\_

Address of Site: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

By submitting this application, I understand that I will not be registered until I have a **Clinical Site Approval form, my supervisor's vita**, and have submitted a completed **Site Supervision and Internship Agreement**, with appropriate signatures, to our Internship Coordinator. I am familiar with the ACA Code of Ethics, and I agree to abide by them.

\_\_\_\_\_  
**Internship Student**

\_\_\_\_\_  
**University (faculty) Supervisor**

*Upon submission of this application, approval by the Internship Coordinator is required to proceed with the Placement process.*

\_\_\_ Approved \_\_\_ Not Approved Affiliation Agreement Y N N/A

Internship Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_