INTERNSHIP APPLICATION QUICK REFERENCE

Before completing the application, please read the CHRD Internship Handbook; these instructions are provided as quick reference and do not address all policies stated in the Internship Handbook. If you have questions, please refer to the Internship Handbook or speak with your advisor.

Name: your name

 $\textbf{Student ID:} \ your \ seven-digit \ student \ ID, \ \underline{not} \ your \ social \ security \ number$

Phone: provide a phone number where you can easily be reached

Email: used for correspondence for this class

Application Deadlines:

Semester of Internship	Application Due Date
Fall	July 1
Fall(School Counseling students)	April 1
Spring	November 1
Summer	April 1

Internship Semester(s) and Credits:

NOTE ABOUT SUPERVISION AGREEMENT:
After you receive an email notifying you that your application is approved, complete the agreement and submit it to the CHRD office to register.