

**CSUB**

**COOPERATIVE AGREEMENT FOR CSUB  
COUNSELING INTERNSHIP**

NAME:--Counseling Intern:\_\_\_\_\_

Work Address:\_\_\_\_\_ Zip:\_\_\_\_\_

Phone:\_\_\_\_\_

Home Address:\_\_\_\_\_ Zip:\_\_\_\_\_

Phone:\_\_\_\_\_

E-mail Address:\_\_\_\_\_ Fax #:\_\_\_\_\_

NAME:--On Site Supervisor:\_\_\_\_\_

School:\_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_

Title:\_\_\_\_\_

Degrees and Credentials:\_\_\_\_\_

\_\_\_\_\_  
Please complete the following areas in detail. Indicate a listing for all anticipated school counseling activities and experiences, and the percentage of the total internship time that will be spent in each activity and experience.

Dates of internship: beginning:\_\_\_\_\_ Ending:\_\_\_\_\_

Days and times to be at site (specific):\_\_\_\_\_

- I. The onsite supervisor agrees to provide the following activities and experiences:

(Continue on next page)

II. The counseling intern agrees to complete the following assignments:

Approvals:

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Site Supervisor

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Counseling Intern

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CSUB Faculty Supervisor