

CSUB

Counseling Internship Program

INTERN PLACEMENT APPROVAL FORM

I. Personal Information

Full Name _____

Address _____

Phone # s _____

II. Placement Site Information

Agency, University/College or School Site _____

School Site District (School Interns Only) _____

Site Address _____

City and ZIP Code _____

Phone # _____

Senior Officer of Agency, University/College or School Principal

Supervising Counselor _____

Signature of Student

Date

III. Contract Information (To be completed by Assigned Agency, University/College or Public School)

Initial internship will begin on: _____ and end on: _____

Signature of School or Agency Official

Date

Signature of CSUB Official

Date