

COUNSELOR EDUCATION AND COUNSELING PSYCHOLOGY
Western Michigan University

APPLICATION FOR PERMISSION TO ELECT
CECP 7320, Clinical Internship
1-4 hours (2,000 clock hours)

1st semester/session _____ year _____ Hours _____ CRN _____

2nd semester/session _____ year _____ Hours _____ CRN _____

3rd semester/session _____ year _____ Hours _____ CRN _____

4th semester/session _____ year _____ Hours _____ CRN _____

Name _____ WIN # _____

Address _____

City _____ State _____ Zip _____ Telephone _____

Degree Program _____

Description of Internship

Name of Interning Organization _____

Name of supervisor of site _____ Amount of Stipend _____

Signature of Faculty Member

Signature of Student

Signature of Department Chair

Date

Distribution: Department, Faculty Advisor, Student