



FLORIDA ATLANTIC UNIVERSITY
DEPARTMENT OF COUNSELOR EDUCATION

DEPARTMENT PHONE: (561) 297-3602

FAX: (561) 297-2309

Mental Health Practicum and Internship Application

Semester / Year _____

Practicum _____ Adv. Practicum _____ Internship _____

Date of Application: _____ Name of Applicant: _____

Email: _____

PHONE: Days _____ Evenings _____

Please indicate which course(s) (by course prefix & # i.e. MHS 6666) you are currently enrolled in, and those that will be taken as of the application date and semester requested.

Current Semester:			
Next Semester:			
Additional Courses Needed:			

Please indicate which practicum/internship site you prefer and plan to contact.

	Name of Agency	Population
#1 Preferred Site		
#2 Preferred Site		

***Make Sure** you attach (1) Resume & Degree audit (2) Site Approval Form (only when your preferred site is not from the Department List of Selected Practicum/Internship Sites)

I understand that it is my responsibility to contact my preferred sites to initiate interviews and needed process to be able to start my clinical experiences on time. I understand that I will not be allowed to proceed with my practicum or internship if I fail to submit the Supervisor Agreement Form by the first day of the semester of my practicum and internship

Student Signature: _____ Date _____