



Please follow the instruction below to apply for internship. Should you have any questions, please contact your advisor or Dr. Perry C. Francis (734.487.0255 or pfrancis@emich.edu) for clarification.

Special Note	Before starting the Internship Application Process, you should consult with your faculty advisor concerning your plans for internship including what type of experiences to seek, what to look for in an internship site and supervisor, and how long you want to take to complete internship. This process begins with your admittance into the program and should be on-going as you progress through your program.
Step One:	Obtain an Internship Application Packet from the department website (www.emich.edu/coe/Lead_Coun/) or department office. Complete the Internship Application only and return it by the stated deadline dates with your unofficial transcript to: Perry C. Francis Eastern Michigan University Dept. of Leadership & Counseling John W. Porter Building, Suite 304 Ypsilanti, MI 48197 Unofficial transcripts can be obtained from your my.emich account on the web.
Step Two:	The COE-Counseling Clinic Coordinator will process the application and present them to the internship committee & faculty for review. Criteria for placement in internship may include: <ul style="list-style-type: none">• Consideration of readiness to see clients at an internship site• Proximity to graduation (students with more credits are generally given preference over those with fewer credits)• Available space in internship classes• Scheduling issues
Step Three:	A letter will be sent by the COE Counseling Clinic Coordinator informing the applicant of the decision of the faculty. <ul style="list-style-type: none">• If applicant is approved for internship, please move to step four.• If applicant is denied placement in internship, he/she should meet with the faculty advisor for advisement.
Step Four:	Begin applying to internship sites. It is recommended that before applying to internship sites, you should discuss with your faculty advisor what to look for in an internship site, site supervisor, and internship experience. Your faculty advisor is seeking to insure that your internship experience is not only appropriate, but helps to enhance your skills and abilities.



	<p>Complete the Internship Site Application.</p> <p>Application includes:</p> <ol style="list-style-type: none">1. Internship Site Application2. Site Supervisor Information Sheet <p>Please insure that all forms are filled it out completely and make an appointment with your advisor to review your choice and site. (Should your advisor not be available in the semester that you are applying for internship, you may meet with the COE Counseling Clinic Coordinator. Dr. Francis currently holds that position).</p>
Step Five:	<p>The site application will be reviewed by your faculty advisor.</p> <p>If the site is approved, your advisor will contact the COE Counseling Clinic Coordinator giving permission for the student to register for the appropriate internship class. (The Coordinator may call or e-mail the student if necessary to insure timely registration.)</p> <p>If the site is not approved, the student will be required to work with the faculty advisor (or the COE Counseling Clinic Coordinator if your faculty advisor is not available) to remediate the problems making the site unacceptable.</p>
Step Six:	<p>Register for the class.</p>

PLEASE NOTE: Late applications will be accepted but not processed until on-time applications are processed and placed.



APPLICATION DEADLINES

FALL: MARCH 15TH WINTER: OCTOBER 15TH SPRING/SUMMER: JANUARY 15TH

PLEASE ATTACH AN UNOFFICIAL COPY OF YOUR TRANSCRIPT TO THIS APPLICATION.
UNOFFICIAL COPIES OF YOUR TRANSCRIPT CAN BE PRINTED FROM YOUR MY EMICH ACCOUNT.

RETURN TO:
PERRY C. FRANCIS
EASTERN MICHIGAN UNIVERSITY
DEPT OF LEADERSHIP & COUNSELING
JOHN W. PORTER BUILDING, SUITE 304
YPSILANTI, MI 48197

Name:		Student #:	
Address:			
City:		St:	Zip:
Hm Ph:		Wk Ph:	Cell:
Email:		Advisor:	
Student Status:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	Program: <input type="checkbox"/> School <input type="checkbox"/> Community <input type="checkbox"/> College
Employment Status:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	
Present Position:			
Employer:			

Check or list **REMAINING** courses on your program of study.

Specialization						
School:	<input type="checkbox"/> COUN-612	<input type="checkbox"/> COUN-650	<input type="checkbox"/> COUN-696	<input type="checkbox"/> Field Based Experience		
Community:	<input type="checkbox"/> COUN-631	<input type="checkbox"/> COUN-660	<input type="checkbox"/> COUN-694			
College:	<input type="checkbox"/> COUN-550	<input type="checkbox"/> COUN-551	<input type="checkbox"/> COUN-692			
Electives						
<input type="checkbox"/>	<input type="checkbox"/> COUN-515	<input type="checkbox"/> COUN-572	<input type="checkbox"/> COUN-573	<input type="checkbox"/> COUN-574	<input type="checkbox"/> COUN-575	
<input type="checkbox"/>	<input type="checkbox"/> COUN-595	<input type="checkbox"/> COUN-640	<input type="checkbox"/> COUN-651	<input type="checkbox"/> COUN-652	<input type="checkbox"/> COUN-655	
<input type="checkbox"/>	<input type="checkbox"/> COUN-687	<input type="checkbox"/> Other:		<input type="checkbox"/> Other:		
Total Number of Semester Hours to be Completed:			Anticipated Graduation Semester/Year: _____/_____			

Supervised Experience:

I HAVE NOT completed practicum. Please note the semester & year you will take practicum:	/
I HAVE completed practicum Please note the semester & year you took practicum:	/
I HAVE NOT completed Field Based Experience (if required) Please note the semester & year you will complete your Field Based Experience:	/
I HAVE completed Field Based Experience (if required) Please note the semester and year of your Field Based Experience:	/



Please list the semester & year you plan to be enrolled in the internship course and the number of credits you intend to take. (Please note: One credit hour equals 150 hours of internship activity. 4 hours = 600 internship hours)

<u>Semester/Year</u>	<u>Credit Hours</u>
_____/____	_____
_____/____	_____
_____/____	_____

Identify the internship sites you are considering. (List no more than three sites.)

- 1) _____
Agency Name _____ Address _____
- 2) _____
Agency Name _____ Address _____
- 3) _____
Agency Name _____ Address _____

[OFFICE USE ONLY]

Faculty Approval	Approved	Denied	Date: / /
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Advisor Approval of Site Supervisor	Approved	Denied	Date: / /
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DATE: _____

INTERNSHIP SITE INFORMATION:

TYPE OF AGENCY: ____ K-12 SCHOOL ____ COMMUNITY/AGENCY ____ COLLEGE/UNIVERSITY

AGENCY NAME: _____

ADDRESS: _____ CITY: _____

STATE: ____ ZIP: _____

PHONE: _____ FAX: _____

CONTACT PERSON: _____ TITLE: _____

NAME OF PERSON PROVIDING SUPERVISION: _____

CERTIFICATIONS/LICENSE: _____

HAS THIS SITE HOSTED AN EMU COUNSELING INTERN BEFORE: ____ YES ____ NO

IF YES, WHEN: _____

FACULTY ADVISOR'S APPROVAL: _____



DATE: _____

NAME:

DR. MS. MR.: _____
(CIRCLE ONE)

AGENCY NAME: _____

CONTACT INFORMATION:

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

OFFICE PHONE: _____ HOME PHONE: _____

FAX: _____ EMAIL: _____

PROFESSIONAL EXPERIENCE & EDUCATION:

PRESENT POSITION TITLE: _____

CERTIFICATION/LICENSE: _____

EXPIRATION DATE: _____/_____/_____

HAVE YOU SUPERVISED EMU COUNSELING INTERNS IN THE PAST? ____Yes ____No

IF YES, WHEN AND WHOM? _____

NAME OF PRESENT EMU INTERN: _____

EDUCATION (BEGIN WITH MOST RECENT)

INSTITUTION	DEGREE	YEAR

OTHER COUNSELING RELATED EDUCATIONAL EXPERIENCES: (BEGIN WITH MOST RECENT)

- 1) _____

- 2) _____

- 3) _____



PROFESSIONAL EXPERIENCES (BEGIN WITH MOST RECENT)

EMPLOYER	
ADDRESS	
DATES OF EMPLOYMENT	
POSITION TITLE	
RESPONSIBILITIES	

EMPLOYER	
ADDRESS	
DATES OF EMPLOYMENT	
POSITION TITLE	
RESPONSIBILITIES	

EMPLOYER	
ADDRESS	
DATES OF EMPLOYMENT	
POSITION TITLE	
RESPONSIBILITIES	

PROFESSIONAL AFFILIATIONS/MEMBERSHIPS

- 1) _____
- 2) _____
- 3) _____
- 4) _____

SIGNATURE: _____ DATE: ____/____/____