

The University of Memphis
DEPARTMENT OF COUNSELING, EDUCATIONAL PSYCHOLOGY
AND RESEARCH

DOCTORAL INTERNSHIP APPLICATION

Multiple Focus Internship

SEMESTER (CHECK ONE)

Fall _____

Spring _____

Summer _____

AREA (CHECK ONE)

Intern COUN 8530 3hrs. ____

COUN 8530 6hrs. ____

Advisor's Signature & Date

NAME: First Last MI UM ID

Street and Number City State Zip

Home Telephone U of M E-mail Alternate Phone Number

Choose and Circle 3 Concentrations (one must be counseling): Teaching/ Counseling/
Research/ Supervision & Administration/ Social Advocacy/Leadership

Potential Internship Sites

**Name, Address, Phone, Email
&Address of On-Site Supervisor**

1. _____

1. _____

2. _____

2. _____

Additional plans for internship experiences and areas of focus:

1)

2)

3)

Do you have liability insurance in place? _____

Has your Chair approved your internship plan? _____

*Student's signature _____

Date Submitted _____

NOTE – If you are EdS or have any privacy blocks on your student information – you will not be receiving emails from our student list serve.

Send to Counseling Practicum/Internship Coordinator, Department of Counseling, Educational Psychology and Research, The University of Memphis, Memphis, TN
38152 Ball Hall 100B

**** Deadlines Spring are the end of the 3rd week in September and for Fall and Summer they are the end of the 3rd week in February**