UNC Internship Proposal Form

Programs in School Psychology
School of Applied Psychology & Counselor Education
University of Northern Colorado

STUDENT NAME:
ADDRESS:

TELEPHONE:
FAX:
EMAIL:

SITE:

SUPERVISOR NAME:
DEGREE/LICENSURE:
ADDRESS:

PHONE:
FAX:
EMAIL:

Contract Term: **Pay:**
STARTING DATE:
ENDING DATE:

RESPONSIBILITIES COMMENSURATE WITH UNIVERSITY OF NORTHERN COLORADO INTERNSHIP GUIDELINES? YES NO

APPROVED BY:

_____ _____
INTERNSHIP COORDINATOR PROGRAM ADVISOR