

# UNC INTERNSHIP PROPOSAL FORM

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## *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:**  
STARTING DATE:  
ENDING DATE:

**Pay:**

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

APA – ACCREDITED INTERNSHIP? YES NO

APPROVED BY:

\_\_\_\_\_  
INTERNSHIP COORDINATOR

\_\_\_\_\_  
PROGRAM ADVISOR