

# Application for School Counseling Internship

Suffolk University

## Student Information

*Name*

*Address*

*Telephone*

*Email*

*Current GPA*

*Date MTEL Passed*

*# of credits completed  
before internship*

## Interpersonal Skills Class Information

*Semester and Year*

*Instructor*

## Internship Site Information

*School Name*

*Address*

*Supervisor*

*Telephone*

*Email*

**\*\*\*Internship can not begin until a passing score on the MTEL is achieved\*\*\***

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director Signature

\_\_\_\_\_  
Date