

Counseling & Psychological Services at Florida State University

Master's Internship Application Form

Please Type or Print the following information:

Last Name First Middle

Local Address City State Zip

Home/Cell Phone E-mail Date

Current Master's Program/Class ranking [1st year, 2nd year, etc.] :

Course of Study/Year Highest Degree Earned:

Academic Institution in
Which Highest Degree Earned:

Anticipated Graduation Date:

Have you ever been a client at Counseling & Psychological Services at FSU? [please select Yes or No]

List up to four training sites and include the following: Name of the site, number of hours worked per week, dates when the experience started and ended, number of clients seen, average number of sessions per client, and client population you worked with [children (ages 3 to 9) , adolescents (ages 10 to 17) , young adults (ages 18 to 24) , adults (ages 25 and up)].

Training site name	Number of hours per week	Start and End date	Number of clients seen	Average	Client population

Please note that selected applicants are required to attend orientation training. **Your signature below will indicate that you agree to comply with this requirement:**

Signature

Date