ROWAN UNIVERSITY COUNSELING AND
PSYCHOLOGICAL SERVICES CENTER

COUNSELOR TRAINING APPLICATION

Every effort will be made to respond to students' requests, but all internship placements are contingent upon availability of appropriate supervisors as determined by program requirements and the Counseling Center's selection committee.

Name: Date:

SS#:

Address:

Phone: (Daytime) (Evening)

(Check one for each statement. Fill in all blanks where you've checked an item).
I anticipate starting my training experience at the beginning of:
_ Fall 200_____
_ Spring/Summer 200_____

I have completed practica in:

_ Vocational/Career date completed: grade:

_ Individual Child/Adol. date completed: grade:

_ Individual Adult date completed: grade:

_ Group Child/Adol. date completed: grade:

_ Group Adult date completed: grade:

I entered the Counseling Program (name of school and program title):

_____ date_____

My expected degree/certification is _____ date_____

Describe your preferred setting and type of clients or experiences:

I prefer as my site supervisor:

I have discussed settings with her/him yes_____ no_____