

**North Carolina A&T State University**  
**School of Education**  
**Department of Human Development and Services**  
**Practicum and Internship Agreement**

Date: \_\_\_\_\_

I, \_\_\_\_\_ have received and read a copy of the North Carolina A&T State University, Department of Human Development and Services, Practicum and Internship Manual. I understand that it is my responsibility to make myself aware of the guidelines and requirements of the Practicum and Internship Manual. I also understand that it is my responsibility to follow the guidelines of this manual and that my failure to do so will result in an unsuccessful grade for Practicum/Internship as well as my possible removal from the program.

I also understand that if my On-Site Supervisor and/or the University Supervisor deem that I am not demonstrating satisfactory practicum/internship knowledge, skills, or dispositions I will be notified in writing and a remediation plan addressing areas of concern will be developed for me. If I continue to display unsatisfactory knowledge, skills, and/or disposition I may be dismissed or terminated from the practicum site and the Counseling Program.

I also understand that if I am dismissed from the site by the site supervisor, I will not complete my practicum or internship experience during the semester dismissed. If I am removed from more than one site, I will have to meet with the Counseling department committee and will be dismissed from the program.

\_\_\_\_\_

(Student's Signature)

\_\_\_\_\_

(Date)

\_\_\_\_\_

(Notary's Signature)

\_\_\_\_\_

(Date)

**APPLICATION FOR PRACTICUM & INTERNSHIP SCHOOL COUNSELING**

APPLICANTS MUST REAPPLY FOR INTERNSHIP I & II

**PLEASE TYPE**

Please check only one:

- HDSV 765, Counseling Practicum (100 hours)
- HDSV 780, Internship I (300 hours)
- HDSV 790, Internship II (300 hours)
- HDSV 799, Combined Internship (600 hours)

Major:

- Community/Agency Counseling
- School Counseling
- Rehabilitation Counseling

Have you been formally admitted to the department?  Yes  No

**Directions:** Submit the following documentation with your application

The following information **must** accompany this application:

- An updated resume
- Advisor's signature where appropriate
- Proof of liability insurance
- An unofficial transcript
- Notarized and signed agreement
- Application for Educational Internship
- Criminal background check (**Guilford County Schools only**)
- Piedmont Alliance Form (**school only**)

Name: \_\_\_\_\_

Banner Identification number: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

Home Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Advisor's Name: \_\_\_\_\_

The information provided below is for your potential site supervisor.

Setting Name: \_\_\_\_\_

Site Supervisor's Name: \_\_\_\_\_

Site Supervisor's Credentials: \_\_\_\_\_

Site Supervisor's E-mail Address: \_\_\_\_\_

Site Supervisor's Telephone Number ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

Professional Core Courses Taken	Credits	Semester	Grade
HDSV 602 Human Development	3		
HDSV 610 Counseling Services	3		
HDSV 640 Professional Orientation and Ethics	3		
HDSV 650 Theories of Counseling	3		
HDSV 706 Organization and Admin. of Counseling	3		
HDSV 712 Counseling School Age Children	3		
HDSV 735 Counseling Methods (Lab)	3		
HDSV 736 Multicultural Counseling	3		
HDSV 740 Appraisal	3		
HDSV 750 Group Counseling (Lab)	3		
HDSV 760 Career Counseling	3		
HDSV 765 Practicum (Lab)	3		
HDSV 770 Applied Research in Counseling	3		
HDSV 788 Comps	3		

**Electives**

Courses Taken	Credits	Semester	Grade

Total Overall Credit Hours: \_\_\_\_\_ GPA: \_\_\_\_\_

**A 3.0 GPA is required to apply for Practicum, Internship I, Internship II, or Combined Internship**

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

North Carolina Agricultural and Technical State University  
Office of Student Teaching and Educational Internships

APPLICATION FOR EDUCATIONAL GRADUATE INTERNSHIP

PLEASE TYPE

SECTION A To be completed by the Applicant.

1. Name (Mr.)(Mrs.)(Ms.)(Miss) \_\_\_\_\_  
Last First Middle Maiden

Social Security Number: \_\_\_\_\_

2. Home Address \_\_\_\_\_ Telephone \_\_\_\_\_

3. School Address \_\_\_\_\_ Telephone \_\_\_\_\_

4. Have you ever been convicted of a felony or crimes other than minor traffic offenses?  
\_\_\_\_\_ Yes \_\_\_ No. If the answer is Yes, please explain: \_\_\_\_\_

5. Having completed (or presently enrolled in) all courses required for licensure EXCEPT:  
\_\_\_\_\_

6. I request approval for admission to do Internship/Practicum in the area checked below:

- |                              |  |
|------------------------------|--|
| a. ( ) Adult Education       | e. ( ) <b>Instructional Technology</b> |
| b. ( ) Community/Agency      | f. ( ) Rehabilitation Counseling       |
| c. ( ) Counselor Education** | g. ( ) School of Administration        |
| d. ( ) Education Media **    |  |

Resume \*\* Piedmont Alliance Form

7. Estimated mileage one way from the Location of your internship to A&T's Campus \_\_\_\_\_

8. For what semester and year of Graduate Internship are you applying? \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

SECTION B.

9. I have made the necessary arrangements with the following Administrator to carry out the course requirements:

**SUPERVISING ADMINISTRATOR**

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

SCHOOL/AGENCY \_\_\_\_\_ TELEPHONE \_\_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_ COUNTY \_\_\_\_\_

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date



14. Please list previous jobs, special curricular or extracurricular activities which will relate to your school placement (honors, work experience, volunteer work, summer jobs, etc).

Activities	Dates	Duties
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

15. Provide a brief **handwritten** autobiographical statement:

I have read this application carefully and certify that the information I have given is correct and complete.

Date: \_\_\_\_\_  
Signature of Applicant

**Please Note:**

1. Student teachers/interns shall abide by applicable N.C. Statutes and by the local school's calendar and by all the schedules, policies and procedures in affect in the schools to which they are assigned.
2. Student teachers/interns will be assigned to any eligible cooperating teacher at any local school on a nondiscriminatory basis.

---

**RECOMMENDATION FROM COLLEGE OR UNIVERSITY**

As a representative of this institution of higher education, I recommend the above named student as a person whom I believe will perform satisfactorily in the local school system.

Date: \_\_\_\_\_  
Signature of IHE Representative

---

The original of this application is to be forwarded to the local school system by the college or university.