

# EMPORIA STATE UNIVERSITY

## School Counseling Internship (SC881) Agreement Form

**NO "OFPL" ACTION REQUIRED**

**Part I. Candidate Information and Placement Information (completed by Candidate and forwarded to School for approval)**

Name: \_\_\_\_\_ E number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

E-mail: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Semester(s) of Internship: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

**# of Clock hours: \_\_\_\_\_ Emporia \_\_\_\_\_**

School District Name and Number (or agency): \_\_\_\_\_

On-site supervisor name: \_\_\_\_\_

Internship Dates: Begins: \_\_\_\_\_ Ends: \_\_\_\_\_

**Part II. School District/Agency Approval (completed by School District or Agency and returned to Counseling Intern):**

School District or Agency Signature/Approval: \_\_\_\_\_

School/Agency: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

School Principal or Agency Administrator: \_\_\_\_\_

On-Site Supervisor (School Counselor) \_\_\_\_\_  
Name and Signature

On-Site Supervisor's Email Address: \_\_\_\_\_

School Counselor License #: \_\_\_\_\_

School Counselor License Endorsement Date: \_\_\_\_\_

School Counselor License Expiration Date: \_\_\_\_\_

I certify I have two years of experience as a fully licensed school counselor (supervisor initials) \_\_\_\_\_

Candidate/student needs to report to (if different from On-Site Supervisor): \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Approved with condition(s): \_\_\_\_\_