

Permission to Register for MFT Internship Human Development and Psychological Counseling

Instructions:

1. Student fills out form...**all information is required.**
2. Student's advisor signs form.
3. Student submits signed form to their ASU Internship Instructor.

Semester course is to be taken: _____			
Subject: <u>HPC</u>	Course #: _____	Section #: _____	Credit Hours _____
Course Title: _____		Course Instructor _____	
DOMESTIC (WITHIN U.S.) INTERNSHIP: _____		or INTERNATIONAL INTERNSHIP: _____	
Hours per week at site: _____		Course dates- From: _____	To: _____

Student Information:

Banner ID: _____

Student's name: _____

ASU Email: _____

Student's address: _____

Student's phone: _____

Cumulative GPA: _____ Major: _____

Compensation Information:

Paid: _____ Unpaid: _____ If paid: pay rate is _____

<i>Student's Emergency Contact Information</i>	<i>Internship Agency Contact</i>
Name: _____	Agency Name: _____
Relationship: _____	Address: _____
Phone: _____	Agency Site Supervisor Name and Title: _____
_____	Address: _____
	Phone: _____ Fax: _____
	E-mail: _____
	Location of Internship, if different from Agency: _____

Advisor's Signature: _____

Date: _____

All information on this form must be completed. You will be registered by the Registrar's Office; they will send you and the instructor an email when registration has occurred.