|  |  |
| --- | --- |
|  | ***College of Education******Department of Educational Psychology*** |

**M. Ed. Counseling – Student Affairs Internship Contract**

***To be completed by student in coordination with the On-Site and Faculty Supervisors:***

|  |  |
| --- | --- |
| Intern Name:       | NAU ID:       |
| Academic Program:       | NAU Email:       |
| Semester/Year:       | Student Phone:       |
|  |  |
| On-Site Supervisor:       | Site:       |
| Supervisor Title:       | On-Site Telephone:       |
| Supervisor Phone:       |  |
| Supervisor Email:      |  |
| Start Date:       | Completion Date:       |

***Professional Student Services Skills***

Please describe below the student’s expected activities and responsibilities that will comprise this 200-hour experience. Examples may include: supervision of a student organization, individual student contact, group presentations, assessment measures, program planning, staff meetings and professional development, etc.

|  |  |
| --- | --- |
| **Role:**  |  **Expected****Contact Hours:** |
| 1.       |       |
| 2.       |       |
| 3.       |       |
| 4.       |       |
| 5.       |       |
| 6.       |       |
| 7.       |       |
| 8.       |       |
|  |  |
| **Service Total (300):** |       |

Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

On-Site Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

Faculty Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_