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| --- | --- |
|  | ***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:\_\_\_\_\_\_\_\_\_\_\_