



UVM Graduate Counseling Program

INTERNSHIP PLACEMENT CONTRACT

The following constitutes an agreement among the intern, site-supervisor, and UVM faculty supervisor. This agreement specifies each person's responsibilities in fulfilling the Counseling Program on-site requirements of the internship. This form is to be completed by the site-supervisor and intern, and submitted to the UVM supervisor with a copy of the site-supervisor's credentials/resume. Original is kept in the student's permanent file. Submit by May 1st prior to start of internship.

PLEASE PRINT CLEARLY

Student Name:
Student Home and/or Cell Phone:
Placement Agency/School Name:
Agency/School Phone:
(If school, indicate elementary, middle or high school level.) Please check one.
Placement/Agency Mailing Address:
Name of Agency Administrator/School Principal:
Site-supervisor Name:
Site-supervisor's licensure/certification Type and Number. (Resume\*)
Site-supervisor Day Phone:
Site-supervisor E-Mail Address:

Table with 4 columns: APPROX # HOURS AT SITE PER WEEK, YEAR, DATE FROM, DATE TO. Includes rows for SEMESTERS AT THIS SITE (PLEASE CHECK ALL THAT APPLY) with sub-columns for FALL, SPRING, SUMMER, and ACADEMIC YEAR.

STUDENT RESPONSIBILITIES: I have read and accept the responsibilities and expectations as outlined in the Internship Handbook.

Signature table with 4 columns: Student Signature, Date, UVM Advisor Signature, Date; Site-supervisor Signature, Date, Agency Administrator/School Principal Signature, Date.

\* Please attach a current, short-form resume to be placed on permanent file in the Counseling Program, University of Vermont, 101A Mann Hall, 208 Colchester Avenue, Burlington, VT 05405-1757. PHONE: 802-656-3888, FAX: 802-656-3173, EMAIL: cslgprog@uvm.edu.