

**Application for Practica, Internships, and Fellowships (Please type all responses)**  
**College of Charleston Counseling Center**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Academic Program:

Name of Institution/School: \_\_\_\_\_

Program/Department: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Degree Anticipated: \_\_\_\_\_

Date Degree Anticipated: \_\_\_\_\_

Previous Education:

Institution	Dates Attended	Degree Awarded
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Status of completion of requirements for current program:

1. Coursework: Date completed or anticipated: \_\_\_\_\_
2. Comprehensive Examinations: Date completed or anticipated: \_\_\_\_\_
3. Dissertation Proposal: Date approved or anticipated: \_\_\_\_\_
4. Dissertation: Date completed/accepted or anticipated: \_\_\_\_\_
5. Proposed Title of Dissertation: \_\_\_\_\_

6. Relevant Applied Experience (e.g., practica, employments, volunteer work, etc.):

Name of Facility/Setting	Type of population	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Describe any experience you have leading or conducting group therapy/counseling:

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8. Describe any workshops, seminars or other programs you have designed and/or implemented:

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9. Describe what you perceive as your strengths and limitations as a developing professional:  
Strengths:

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Limitations:

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10. List and describe any specific professional areas of interest or expertise you have (e.g., eating disorders, women's issues, grief, trauma recovery, etc.)

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11. Please list and succinctly describe three or more professionally relevant goals you would like to pursue during an internship or practicum placement:

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12. In what ways do you imagine that an internship or practicum placement at CofC Counseling Center might contribute to your pursuit of professional goals in your future?

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13. Please list the name, title(s), and current telephone number(s) of your Director of Training or his/her equivalent in your academic program. Also, list the names, titles, and current telephone numbers of two other persons who are thoroughly familiar with your professional and/or academic work.

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14. Have you ever been arrested? YES\_\_ NO\_\_

If yes, please explain each instance/offense:

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15. Have you ever been convicted of any offense aside from minor traffic infractions?

YES\_\_ NO\_\_

If yes, please explain:

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16. Have you ever been hospitalized for a mental health issue?

YES\_\_ NO\_\_

If yes, please explain on a separate, attached sheet.

17. Do you have any history of any mental health concerns that are not successfully resolved/managed?

YES\_\_ NO\_\_

If yes, please explain on a separate, attached sheet.

18. Please describe any impediments you might have:

- that could negatively affect your capacity to effectively deliver counseling services, or

- that might lessen your ability to demonstrate responsible, orderly, conscientious personal or professional conduct:

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20. Please list any courses or practica you will have completed by the beginning of the internship or practicum placement, but which will not appear on your transcripts:

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21. Is there any additional information you believe we should be aware of in considering your application?

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Send completed application materials to **Sarah Finley** at [finleys1@cofc.edu](mailto:finleys1@cofc.edu)

College of Charleston Counseling Center  
175 Calhoun Street, Robert Scott Small, Suite 300  
Charleston, SC 29424  
(843) 953-5640