



**Department of Psychology**

**CLINICAL/COUNSELING INTERNSHIP COMPLETION FORM**

**This is to confirm that \_\_\_\_\_ has completed the**  
*Student (Intern) Name*  
**requirement for an internship.**

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Start and End Date of Internship

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Internship Agency Name

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Name and Signature of Internship Supervisor

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**Student Advisor's Name and Signature**

**Date**

**Return this completed form to the Graduate Studies Office, Room 1121G BIO-PSYC BLDG.  
Thank you.**