



Internship Application

Name: _____

Street Address: _____

Radford Email Address: _____

Radford ID #: _____

Phone Number: _____

Graduate Program:

Counseling Psychology (PsyD) Counselor Education
 Clinical Psychology (Masters) Social Work Other: _____

Semester(s) you are interested in interning: _____

Why are you interested in interning with Student Counseling?

References (please list two):

Name: _____
Phone Number: _____
Email: _____

Name: _____
Phone Number: _____
Email: _____

**Please attach an updated resume or CV to your application and email to:
emclaughl7@radford.edu**