

3/16/11

APPLICATION for 1st SEMESTER FAMILY THERAPY INTERNSHIP

Department of Family Sciences

FS 5544 or FS 6544

MS and PhD students are assigned to both 5544 and 6544 sections.

Make corrections to your degree plan through your advisor before graduation.

Deadlines for Submission: **Oct. 15** for Spring, **Mar. 15** for Summer, **June 15** for Fall

Today's Date _____ I am applying for (check one only): Spring _____ Summer _____ Fall _____
Year Year Year

Attach a copy of your signed and approved degree plan & your Portal transcript to this 1st sem. Application.
Attach Off-Campus Site Forms. A separate application for Internship is required for each semester.

Name _____ Student # _____ Check one: MS _____ PhD _____

Address/City/State/Zip _____

Phone: Home _____ Work _____ Cell _____ Email _____

NOTE: Read Internship Requirements form. Weekly attendance in Internship class and additional hours of individual supervision outside of class with your Internship professor are required (minimum 1 hour every other week your 1st semester & minimum 5 hours per semester for remaining semesters). Internship class is to be taken in consecutive semesters. A minimum of 3 semesters is required for MS and a minimum of 4 semesters for PhD. A total of 300 hours of face-to-face therapy (150 of which are with couples and families) is required across the Internship semesters. Begin early to find an approved off-campus agency site where you may work to complete the required hours. See Off-Campus Internship Site forms for more information. If you plan to work in TWU Counseling & Family Therapy Clinic, you must apply for CFTC, be interviewed, and attend the required pre-semester orientation (check with CFTC Director.)

Prerequisite classes completed:	Semester	Professor	Grade
FS 5003 Lifespan Human Development	_____	_____	_____
FS 6233 Issues & Ethics in Prof. Dev.	_____	_____	_____
FS 5553 Principles of Marital Therapy	_____	_____	_____
FS 5563 Family Therapy I	_____	_____	_____
FS 5853 Family Systems	_____	_____	_____
FS 5883 Family of Origin	_____	_____	_____
FS 5363 Prepracticum (FT)	_____	_____	_____
FS 5353 Diagnosis & Treatment Planning for Couns.	_____	_____	_____

NOT all days/times will be offered each semester. Consult class schedule.

Possible **day/time**: 5 Fri or Sat 9-5 Tues. 5:30pm Wed. 8:30am Wed. 1pm Thurs. 5:30pm
_____choice _____choice _____choice _____choice _____choice

Below each day/time write 1st, 2nd, 3rd, 4th, 5th to indicate your choices.

Indicate here any special needs about class or work schedule:

IMPORTANT: Please **return** your completed application *with attached materials* to HDB 115 for the Family Therapy Coordinator by the deadline above. Please ask office staff to **date stamp your application**. Do **not** enroll in FS 5544 or FS 6544 until you receive **notification** of your section assignment and correct course code and section number. **KEEP A COPY OF THIS FORM FOR YOUR RECORDS.** [Form Revised 3-2011]

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