Northeastern State University
College of Education
Department of Psychology and Counseling

Recommendation Form for Clinical Mental Health Counseling Internship

Proposed Student Intern: _____

Semester to begin Internship: _____

I have reviewed this student`s academic record and/or course progress and hereby recommend that this student be allowed to begin CMHC Internship in the semester listed above.

_____

Signature of Practicum II instructor Date

_____

Signature of Student Advisor Date

This form must be turned-in to the internship coordinator prior to the beginning of the proposed semester of internship.

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