

Northeastern State University
College of Education
Department of Psychology and Counseling

Recommendation Form for Addiction Counseling Internship

Proposed Student Intern: _____

Semester to begin Internship: _____

I have reviewed this student's academic records and/or course progress and hereby recommend that this student be allowed to begin Substance Abuse Counseling Internship in the semester listed above.

Signature of Practicum I Instructor

Date

Signature of Academic Advisor

Date

This form must be turned in to the Addiction Counseling Internship Coordinator prior to the beginning of the proposed semester of Internship.