DUQUESNE UNIVERSITY
SCHOOL OF EDUCATION
Department of Counseling, Psychology, and Special Education
Counselor Education Program

INTERNSHIP AGREEMENT

Check Major:

____ COMMUNITY AGENCY    ____ MARRIAGE & FAMILY    ____ SCHOOL COUNSELING

Student Name _______________________________          Semester/Year   ____________________

Please Print

This agreement made this __________ day of __________________ 20 ______ between

________________________
________________________________________________________
(Name of Field Placement Site: hereinafter referred to as the “Site”)

Address

__________________________________________________________________________________

_______________________________ Zip Code ________

Phone Number _____________________

and DUQUESNE UNIVERSITY, Pittsburgh, Pennsylvania, hereinafter referred to as the “University.”

The Counselor Education Program within the School of Education of the University intends to provide its
graduate students with the opportunity to transfer methodology and theories into applied situations by their
participation in an internship experience. The faculty of the Counselor Education Program is grateful for the
site supervisor’s assistance in preparing the intern for entry into the counseling profession. The faculty
expects the student to complete at least 100 hours in your program for each credit for which the student is
registered. The faculty wants the student to have experiences in a number of objectives, and your review of
these objectives is important for the intern’s evaluation. The faculty requests your cooperation and assistance
in providing the student with:

1. An orientation to the goals and purposes for the Site.

2. Direct experience that includes information giving, advising and counseling (40% of the time), both
   individual and group.

3. Information and experience in the budgeting and fiscal planning procedures for the Site.

4. Assistance in the development of a management style for this type of Site.

The faculty also requests that the Site Supervisor:

1. Provide one hour of individual supervision each week.

2. Review each entry from the student log of the experience to verify content and assist with the integration.
   Please sign and date each entry.

3. Complete and submit an evaluation form which will be provided to you.

The parties of this agreement are bound and hereby agree as follows:
1. Grant permission to the graduate student to conduct the internship experience at the Site.

2. Permit the graduate student to devote a minimum of 100 hours per semester for each credit for which the student is registered.

3. Appoint and designate a qualified person from the Site to:
   a. Schedule individual and group counseling sessions.
   b. Cooperatively plan the schedule of activities/experiences to be conducted and practiced by the graduate student. The following are suggested activities/experiences that can be scheduled: testing, writing counseling and case reports, visitations to referral agencies, participation in case conferences and individual conferences with the Site supervisor.
   c. Complete and submit an evaluation of the graduate student’s performance at the end of the internship experience.

4. Transportation to the Site shall be the responsibility of the graduate student, and not that of the University or the Site.

5. The University shall schedule weekly on-campus seminars to complement the internship experience at the Site. All graduate students are required to attend the seminars. The University maintains controls and supervision of the graduate students through weekly seminars.

6. University supervisors will act as liaison between the Site and the University.

7. The term of this agreement contract shall be from _____________________ to _____________________ (date) (date) unless terminated by either party, giving advanced notice to the other. Agreement is not completed without start and end dates.

8. The University agrees that, in the performance of any agreement awarded to it hereunder, said University shall not discriminate against any employee or other persons on the basis of race, color, gender, religious creed, ancestry, age, national origin or sexual orientation.

SITE
By ______________________________________    _____________________________________________
Please Print                             Signature
Title ___________________________________________  Date ________________

DUQUESNE UNIVERSITY
By ______________________________________    _____________________________________________
Please Print                             Signature
Title ___________________________________________  Date ________________

STUDENT
By ______________________________________    _____________________________________________
Please Print                             Signature
Date ________________