

Counseling Psychology Program  
Intern Information Update

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Residence Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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Internship Site: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Director of Training: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Primary Supervisor (if different from Director of Training): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Please return to: Pam La Salle