



University of Colorado
Denver

STUDENT INTERNSHIP CONTRACT

(Due to University Supervisor by the second week of class)

I, _____ (student name) have read the Internship Manual from the University of Colorado Denver Counseling Program.

I understand the requirements, policies and procedures as stated in the Internship Manual. I agree to fulfill the requirements as stated and to abide by the policies and procedures set forth in the Internship Manual.

I further agree that the Faculty of the Counseling Program at the University of Colorado Denver has the right and responsibility to monitor my internship performance, and my professional ethical behavior.

If in the opinion of the faculty, I do not fulfill the internship requirements or abide by the policies or procedures, or my internship performance or professional ethical behavior are in question, I agree to abide by the faculty's decision as to whether or not I will continue in the program.

(Signature and date)

Please give this completed form to the professor of your university internship class. Your professor will sign the form and keep it in your internship file.

(Internship Professor and date)

Internship Site Name: _____

Site Supervisors Name: _____

Site Supervisors Email Address: _____