

The Family Therapy Center of Virginia Tech

Undergraduate Internship

Application Cover Sheet

General Information

Name: _____

Local Address: _____

Phone: _____

E-mail: _____

Major: _____

Expected Graduation Date: _____

Have you applied for this internship placement previously? No Yes

Internship Logistics

Please indicate the type of internship you desire:

Field Study Credit (HD 4964) Field Study Credit (another department)

Other HD Credit Other (describe) _____

Can you commit 10 hours per week: Yes No (describe) _____
(12 hours weekly in the summer) _____

Can you commit two evenings Yes No (describe) _____
per week? _____

Semester Preferences

Due to limited availability, not all interns can be placed immediately. Please indicate your availability for an internship placement:

First Semester Preferred: _____

Second Semester Preferred: _____

Third Semester Preferred: _____