PREDICTORIAL INTERNSHIP READINESS FORM
Counseling Psychology Program
Department of Educational Psychology

Name ____________________________ Date __________________________

To be eligible to apply for predoctoral internship training, you must have completed the following:

1. **Earned Master’s Degree:**
   
   Date passed final oral exam __________________________
   
   *If you enrolled with a non-thesis masters degree, date you passed final oral defense of research project.*

   Date University conferred M.S. degree __________________________

2. Currently have **no outstanding incompletes** on my course of study. Further, I have no incompletes that have turned, by default, to an “E” grade:  _____true  _____not true (explain on back)

3. **Organized a Doctoral Supervisory Committee:**
   
   Date approved by Department __________________________

   Date approved by Graduate School __________________________

4. **Filed your Program of Studies for the Ph.D. Degree:**
   
   Date accepted by Department __________________________

5. **Completed and Passed Written and Oral Portions of the Doctoral Qualifying Examination:**
   
   Dates Written Prelims Taken __________________________

   Date Written Prelims Passed __________________________

   Date Oral Prelims Passed __________________________
   
   *Note: The prelim examination must be completed and passed before you can submit your internship applications to sites.*

6. **Completed Proposal Colloquium for the Doctoral Dissertation**
   
   Date completed and approved by your dissertation committee __________________________
   
   *Note: You must have successfully passed your dissertation colloquium before submitting your internship applications to sites.*

   Signature of Dissertation Chair __________________________

7. **Practicum Hours:** I assert that I will have completed at least 1000 practicum hours prior to starting internship. *1000 hours required, see program handbook.*  _____Yes  _____No

8. **Signature of Applicant** ____________________________ Date _______________

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