



Adler Graduate School

New Internship Site Approval Form

Student Name: _____

Name of Site: _____

Address: _____
Street Address

_____ *City*

_____ *State*

_____ *Zip Code*

Telephone number: _____

Contact Name: _____ email address: _____

Supervisor's Name: _____ email address: _____
If different from contact name above

Specify Supervisor's Degree and License: _____

Internship Level: Beginning Intermediate or advanced
(providing therapy)

*** PLEASE NOTE: STUDENT INTERNS MUST CARRY INSURANCE ***

Indicate the name of your insurance company: _____

This site is approved not approved.

Signature: _____ Date: _____
Academic Vice-President, Adler Graduate School