

Argosy University/SFBA
INTERNSHIP INTENT & INFORMED CONSENT

(last updated June 29, 2011)

Student ID # _____

Student Name (please print)	Phone Number
Argosy Email	Personal Email Address

Participation:

- I plan to engage in the APA/APPIC internship application process **only** during in 2011-12 for 2012-2013 internships.
- I plan to engage in the APA/APPIC internship application process and the CAPIC internship application process during 2011-12 for 2012-2013 internships.
- I plan to **petition** to engage in **only** in CAPIC internship application process during in 2011-12 for 2012-2012 internships.
- I have decided to drop out of the APA/APPIC Match and now plan to engage in CAPIC internship application process during in 2011-12 for 2012-2013 internships.
- I have decided to drop out of the APA/APPIC Match and now plan take advanced Practicum and engage in the process **next year**.
- I have decided to drop out of the CAPIC Match and now plan take advanced Practicum and engage in the process **next year**.

INFORMED CONSENT

I, hereby authorize members of the Training Department and faculty of Argosy University (the school) to release to my field training supervisor(s) at internship sites to which I apply, as well as to my eventual internship site, information regarding my academic preparation, background, and professional functioning, and/or any other information which either party might reasonably consider pertinent to providing adequate and appropriate placement and supervision within the field training setting, and appropriate evaluation input to the school regarding my professional development.

In addition, I fully authorize the supervisors at the training site(s) named above to share any and all information about me with the faculty and staff of Argosy University, including any information which might reasonably be considered pertinent to evaluating my performance and experience at the training site, and my professional development.

Either party may communicate with the other in written, verbal, audio, visual, email or fax form.

I understand that the information may have an impact on my standing at the field training site and/or the school, and that failure to provide authorization may preclude my placement for field training.

As I will continue to be evaluated by faculty and field supervisors while engaging in the application process, I understand that below expectancy ratings could impact my eligibility for 2012-2013 internship at any point in the 2011-12 training year.

Student Signature	Date	AU/SFBA DOT	Date
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****Attach Unofficial Transcript to this Form****
This form is due to the Training Department by August 4th