

Texas Tech University  
College of Education/Counselor Education  
**Agreement Between Internship/Practicum  
Supervisor and Internship/Practicum Student Counselor**

Date: \_\_\_\_\_

Student SS#: \_\_\_\_\_

Student Counselor (name) \_\_\_\_\_ has permission to begin counseling interviews, etc., under my supervision. This student is enrolled in \_\_\_\_\_ (practicum or internship) for \_\_\_\_\_ (Fall, Spring, Summer) semester.

Supervisor Signature: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Site Supervisor Email: \_\_\_\_\_

Site Supervisor Phones: \_\_\_\_\_

Site Name: \_\_\_\_\_

Site Address/Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Sincerely,

*Loretta J. Bradley, PhD*

Paul Whitfield Horn Professor &  
Coordinator, Counselor Education  
Texas Tech University  
COE Box 41071  
Lubbock, TX 79409-1071  
(O) 806/742-1997 x 263  
(H) 806/798-2555  
Fax: 806/742-2179