

TERMS OF INTERNSHIP APPOINTMENT

The purpose of this form is to insure, at the time of offer of initial appointment, that the terms of the appointment are consistent with University definitions and that the candidate is aware of the terms. Please complete and return a signed copy of the enclosed self-addressed/stamped envelope. If you have questions, please contact Sandy Ward at (540) 231-8158.

Effective Date: _____

Candidate's Name: _____

If you would like to use a name other than the one above on business cards, office identification, etc., please indicate here:

Social Security Number: _____ Date of Birth: _____

Division/College: Division of Student Affairs

Department: Thomas E. Cook Counseling Center

Rank: Pre-doctoral Intern

Category of appointment: One year (12 months), Full-time (40 Hour/Week)
 Two year (24 Months), Half-time (20 Hour/Week)

Appointment: Beginning Date: _____ Ending Date: _____

Division Distribution: 100% Istr. (208) _____% Res. (230) _____% Ext. (231)

Initial Annual Salary: \$19,000 or Total Salary if Less Than a Year: \$ _____

Training Director Signature: _____

Department Head Signature: _____

Candidate Signature: _____

Thomas E. Cook Counseling Center
240 McComas Hall (0108)
Blacksburg, VA 24061
(540) 231-6557