



ELIGIBILITY FOR INTERNSHIP CERTIFICATE ADVISER APPROVAL FORM

Date: _____

Name of Student: _____ (*PRINT FULL NAME*)

Program Area & Degree: _____

CUNY EMPL ID#: _____

To Whom It May Concern:

This form serves to confirm that the above-named matriculated student is **currently enrolled** in a graduate level New York State approved Counselor Education preparation program at Lehman.

The student **has completed 50% of their program coursework** (30 credits) **and is eligible** for a temporary internship certificate in their area of study.

The student can be recommended by Lehman College for an internship certification, **after specific certification requirements are met and upon receiving proof of employment in allocating a School Counselor position from an official school administrator.**

The internship certificate will be effective immediately once approved and issued by the New York State Education Department - Office of Teaching Initiatives.

By signing this form below as the student's Program Coordinator/Adviser, I verify and approve their current matriculation status as actively enrolled, in good standing and having completed 50% of all program coursework.

Printed Name: _____

Program Coordinator/Adviser Signature
School of Education
Lehman College

****** Internship Certificates are **optional and temporary** certificates available for **actively enrolled matriculated graduate students** that **are either employed or have an offer to be employed in their area of study.** They must **have 50% of their program coursework completed, all required mandated workshops and fingerprint clearance** on their state TEACH Online account. The internship certificate **is valid for two years or valid up until official graduation; whichever comes first.**

Please submit a copy of this approval form to the Lehman Certification Office via
teacher.certification@lehman.cuny.edu