Undergraduate Psychology Internship Departmental Application

STUDENT INFORMATION

Name: ________________________ YEAR: _______ SEMESTER: Fall Spring Summer I Summer II
ID#: ________________________ Adelphi email: ________________________
Advisor: ________________________ Advisor Signature: ________________________

Registration

☐ Register for Psychology Internship, course # 0501-488

CAP (Comprehensive Assessment Portfolio) REVIEW and APPROVAL

You must share your CAP electronic portfolio with Dr. Fiori. You can email her at fiori@adelphi.edu.
Please note 0501-399 CAP III is a pre-requisite for this course.

☐ CAP Reviewed and Approved.

____________________________________
Katherine Fiori, Ph.D. signature of approval

- Uploaded Final Papers & Abstracts for CAP Courses
- Received an 80 or above on these courses
- Resume
- Reflections (optional)
- Taking course 0501-399 after or while completing last CAP course

SUBMIT THIS APPROVAL FORM TO CHAIR (BLODGETT HALL ROOM 212)

☐ Reviewed and Approved

- Psychology 101
- 36 Credits in psychology completed
- Passing 0501-399 CAP III
- Good Academic Standing

____________________________________
Francine Conway, Ph.D. signature of approval

CONTACT INTERNSHIP COORDINATOR – this part to be filled out by Internship coordinator

☐ Finally, contact Carolyn Greenblatt to begin setting up internships for next semester. She can be reached at Carolyn.Greenblatt@gmail.com

☐ Review of course

☐ Interview scheduled

Date __________________ Time __________

INTERNESHIP SITE:

__________________________________________________________
CONTACT NAME: __________________________________________

CONTACT TELEPHONE #: ________________________________