

# Undergraduate Psychology Internship Departmental Application

## STUDENT INFORMATION

<b>Date Submitted</b>	YEAR: _____ SEMESTER: _____	Fall	Spring	Summer I	Summer II
Name: _____	Grade Level: _____	Junior		Senior	
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. Moore. You can email him at [mmoore@adelphi.edu](mailto:mmoore@adelphi.edu).

**Please note 0501-399 CAP is a pre-requisite for this course.**

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

☐ CAP Reviewed and Approved.

\_\_\_\_\_  
Michael Moore, Ph.D. signature of approval

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

☐ Reviewed and Approved

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

\_\_\_\_\_  
Katherine Fiori, Ph.D. signature of approval

## CONTACT INTERNSHIP COORDINATOR

☐ Finally, contact Charlene Gachette to begin setting up internships for next semester. She can be reached at [gachette@adelphi.edu](mailto:gachette@adelphi.edu)

## This part to be filled out by Internship coordinator

☐ Review of course

☐ Interview scheduled

Date \_\_\_\_\_ Time \_\_\_\_\_

- Dress code
- Confidentiality

INTERNSHIP SITE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

\_\_\_\_\_

CONTACT TELEPHONE #: \_\_\_\_\_

Email: \_\_\_\_\_