

Undergraduate Psychology Internship Departmental Application

STUDENT INFORMATION

Date Submitted _____ 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

Number of Psychology credits: _____

Have you completed at least 26 credits in Psychology? Yes _____ No _____

Course #0501-245 - Psychological Research completed: Yes _____ Grade: _____ No _____ In progress _____

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

Reviewed and Approved

- Psychology 101
- Psychological Research 245
- 26 Credits in psychology completed
- 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

This part to be filled out by Internship coordinator

Review of course

Interview scheduled

- Dress code
- Confidentiality

Date _____ Time _____

INTERNSHIP SITE: _____ ADDRESS: _____

CONTACT NAME: _____

CONTACT TELEPHONE #: _____ Email: _____