

# 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 \_\_\_\_\_

## 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, send an email to: [psychchair@adelphi.edu](mailto:psychchair@adelphi.edu)  
and in the subject line put INTERNSHIP CLASS xx SEMESTER (*the semester you will be enrolled*)

### 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: \_\_\_\_\_