

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, contact Doris Smith to begin setting up internships for next semester. She can be reached at dsmith@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: _____