

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

- x Psychology 101
- x Psychological Research 245
- x 26 Credits in psychology completed
- x Good Academic Standing

Katherine Fiori, Ph.D. signature of approval

CONTACT INTERNSHIP COORDINATOR

Finally, V H Q G D Q H P D L O W B G H S O S K K F K O X L U
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