

Department of Psychology -Salisbury University

Internship Application

When completed, the prospective intern should save the application, keep a copy, and then email it to: Internship Director, Department of Psychology, Salisbury University, cdchappell@salisbury.edu.

PART I: (information on the intern)

Submission Date: _____

Name: _____ Student ID #: _____

Phone#: _____ E-mail address: _____

Local Address: _____

Permanent Address: _____

Major/Minor: _____

Semester/Year during which you plan to take the internship: _____

Credits completed prior to internship: _____ Overall GPA: _____ PSYC GPA: _____

List previous PSYC classes that you believe help to qualify you for this internship:

Relevant Professional Experience: _____

How does this internship relate to your career aspirations? _____

PART II: (information on the organization)

Name of Organization: _____

Address: _____

Name of On-Site Internship Supervisor: _____

Title: _____ Department: _____

Phone Number: _____ E-mail address: _____

PART III: (information on the internship)

Student Job Title _____ Date internship is to Begin: _____ End: _____

#hours per week: 9 Total Hours for internship: 135

Tentative Work Schedule: _____

Are any expenses of the intern to be paid by the company? _____

Explain: _____

Overall Nature of Work to be Performed by Student:

Is a background check required? Not Required _____ Yes through our organization/agency _____

Yes through Salisbury University _____ (If through Salisbury University, the intern will provide the necessary form for your organization to complete)

After the prospective Intern and the On-Site Internship Supervisor sign/date this application, the Intern submits the application to the PSYC Internship Director for review. Once approved, the PSYC Internship Director seeks approval from the PSYC Department Chair. All four signatures are required for approval.

Intern _____ Date _____

On-Site Internship Supervisor _____ Date _____

Psychology Internship Director _____ Date _____

Psychology Department Chair _____ Date _____

-----FOR OFFICE USE ONLY-----

Internship Site Agreement on file () Yes () No

Internship is () approved () not approved