Undergraduate Psychology Internship Departmental Application

STUDENT INFORMATION

Date Submitted: ____________________________ YEAR:_________ SEMESTER: ____________________________

Name: ____________________________ Grade Level: ____________________________

ID#: ____________________________ Adelphi email: ____________________________

Advisor: ____________________________ Advisor Signature: ____________________________

Registration

☐ Register for Psychology Internship, course # 0501-488

CAP (Comprehensive Assessment Portfolio) REVIEW and APPROVAL

You must share your CAP electronic portfolio with Dr. Moore. You can email him at mmoore@adelphi.edu.

Please note 0501-399 CAP is a pre-requisite for this course.

☐ CAP Reviewed and Approved.

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Michael Moore, Ph.D. signature of approval

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

☐ Reviewed and Approved

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Katherine Fiori, Ph.D. signature of approval

CONTACT INTERNSHIP COORDINATOR – this part to be filled out by Internship coordinator

☐ Finally, contact Charlene Gachette to begin setting up internships for next semester. She can be reached at gachette@adelphi.com

☐ Review of course

☐ Interview scheduled

Date_____________________ Time____________________

INTERNSHIP SITE: ______________________________________ ADDRESS: ______________________________________

CONTACT NAME: ______________________________________ ________________________________

CONTACT TELEPHONE #: ____________________________ Email: ______________________________________