

Application for Internship in Psychology (FOR CREDIT - PSYC 41492)

Kent State University, Department of Psychological Sciences, Trumbull Campus

Drop off completed application to Dr. Tabak (239E)/ the main office; or scan/e-mail completed version to Dr. Tabak (mtabak@kent.edu) for review (scanning/emailing will be a faster process). Make sure that BOTH pages of this application are fully complete before submitting; incomplete applications will be denied. Allow up to 1 week for processing.

Student Intern's Information

First and Last Name: _____ **Banner ID #:** _____

Kent State e-mail address: _____ @kent.edu

Cell Phone #: _____

Class Rank (circle one): Freshman Sophomore Junior Senior

Current Cumulative GPA: _____

Semester/year you are applying to complete a for-credit internship (circle one below):

Spring 20 _____ Summer 20 _____ Fall 20 _____

Exact Date Range of Internship (use semester dates): ____ / ____ / ____ -- ____ / ____ / ____

Internship Location: _____

How many credit hours of internship (PSYC 41492) are you seeking to enroll in for the semester selected above (circle one below):

1 2 3 4 5 6

***Important Note:** You must complete at least 45 hours at your internship site for every credit hour of PSYC 41492 you register for. This equates to approximately 3-4 hours per week for every credit hour during a standard 15-16 week Fall or Spring semester. Consult with your internship site supervisor to determine the appropriate number of credit hours to select.

List 3 Anticipated Duties & Responsibilities at Internship Site (continue on additional sheet, if necessary):

- 1) _____
- 2) _____
- 3) _____

Student's Signature: _____ **Date:** _____

***Note: Your internship site supervisor must complete Page 2 (below) before application will be reviewed!**

FOR OFFICE USE ONLY: Approved? YES NO **# of credits:** _____ **Semester/Year:** _____

Approver's Signature: _____ **Date of Approval:** _____

**Dr. Tabak will provide signed version to the Asst. Dean's secretary upon approval for student to become registered into Internship Course. Dr. Tabak will inform student and student's internship supervisor via e-mail after registration has occurred.*

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Kent State University, Department of Psychological Sciences, Kent Campus

Internship Supervisor's Information

First and Last Name: _____

Title: _____

Company/Organization: _____

E-mail Address: _____

Alternative E-mail Address (if applicable): _____

Phone Number: _____

Alternative Phone Number (if applicable): _____

Are you currently employed in a supervisory capacity? (circle one) Yes No

Are you a family member, relative, work supervisor, and/or friend of the student requesting an internship experience with you? (circle one)

Yes No

Below are a series of expectations for internship supervisors. Write your initials next to each of the statements below to verify that you have read and agree to each expectation:

- ☐ I will monitor and record my intern's hours throughout the semester _____
- ☐ I understand that my intern must complete at least 45 hours at my internship site throughout the semester for every credit hour he/she circled to on Page 1 of this application _____
- ☐ I will complete any/all supervisor evaluations by their designated due dates (typically 2-3 per semester which take approximately 10-20 minutes to complete) _____
- ☐ I will notify the Internship instructor of PSYC 41492 or Dr. Melanie Tabak (mtabak@kent.edu) immediately if my intern is not on track to complete his/her required hours and/or is conducting himself/herself unprofessionally at my site _____

Supervisor's Signature: _____

Date: _____