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

Kent State University, Department of Psychological Sciences, Kent Campus

Drop off completed application to the Main Office (Kent Hall 144) or scan/e-mail completed version to Dr. Clarissa Thompson (cthomp77@kent.edu) for review. 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: __________

*Provide Signed Version to Undergraduate Secretary upon Approval for Student to become Registered into Internship Course. Secretary will inform student and student’s internship supervisor via e-mail after registration has occurred.
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**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. Clarissa Thompson (cthomp77@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: ____________

FOR OFFICE USE ONLY – ADDITIONAL COMMENTS/NOTES: