



DEPARTMENT OF PSYCHOLOGY

INTERNSHIP APPLICATION

Instructions:

Please submit this application to the Psychology Department office (SO 4030) by the appropriate deadline. You will be notified of the Internship Committee's decision via KSU email and provided with registration instructions, if applicable. Please note that students can apply a maximum of 6 credit hours of internship in the upper division major field requirements for the psychology degree.

Deadlines	Spring 2018	Summer 2018	Fall 2018
	Oct 20, 2017	not offered	Mar 5, 2018

PSYC 3398 Requirements:

- psychology major
- complete PSYC 3301 with "C" or better
- two additional upper level PSYC courses
- internship committee and department chair approval

PSYC 4498 Requirements:

- psychology major
- complete PSYC 3301 with "C" or better
- complete one course from each of the five psychology curriculum areas with "C" or better (any one of the five areas can be taken concurrently with PSYC 4498)
- internship committee and department chair approval

Student & Course Information:

Name: _____

Phone Number: _____

Applying For: PSYC 3398 ____ PSYC 4498* ____

Date Submitted: _____

KSU ID#: _____

KSU NetID: _____

Credit Hours Requested: _____

* If you select this option, you must also submit a Senior Capstone Experience (SCE) application.

Briefly describe your reasons for seeking an internship experience.

Describe/rank the type of internship placement you desire. (NOTE: Availability cannot be guaranteed.)

Age: (Rank 1–4, with 1 being your first choice.)

- children
- adolescent
- adult
- geriatric

Setting: (Rank at least 5, with 1 being your first choice.)

- | | |
|--|--|
| <input type="checkbox"/> Inpatient Psychiatric | <input type="checkbox"/> Court Setting |
| <input type="checkbox"/> Outpatient Psychiatric | <input type="checkbox"/> Children's Services Setting |
| <input type="checkbox"/> Substance Abuse Treatment | <input type="checkbox"/> Correctional Setting |
| <input type="checkbox"/> School (elementary) | <input type="checkbox"/> Industrial/Organizational |
| <input type="checkbox"/> School (high school) | <input type="checkbox"/> Neuropsychological |
| <input type="checkbox"/> Family setting (e.g., behavior treatment for autistic children) | <input type="checkbox"/> Crisis Intervention/Hotline |
| <input type="checkbox"/> Other: _____ | |

Briefly describe any previous or current psychology-related work or volunteer experience that is relevant to the internship placement that you desire.

Describe any schedule limitations you have (location, days/times, etc.).

If you have connections to a particular internship site(s) of interest to you or other students, please provide the site and contact information.

Student Signature: _____ Date: _____

FOR DEPARTMENT OFFICE USE ONLY

Date Received: _____ Approved? Yes No
Departmental Signature: _____ Date: _____
Date Student Notified: _____

Internship Application Recommendation Form

Applicant: Complete the top section prior to submitting this form to the faculty member you are asking to recommend you.

I waive my right to view the contents of this form/letter.

I do not waive my right to view the contents of this form/letter.

I understand that it is my right under the Family Educational Rights and Privacy Act of 1974 to review this recommendation form/letter, unless I waive that right. I understand that my choice, in itself, to waive the right or not to waive the right to view the contents of this form/letter will not affect the decision of the Internship Committee.

Applicant's Name: _____

Applicant's Signature: _____ Date: _____

Evaluator: Please complete this section and return to the Psychology Department (SO 4030).

Evaluator's Name: _____

Evaluator's Title: _____

Phone Number: _____ Email: _____

1) In what capacity have you known the applicant?

Instructor Supervisor Other (please explain below)

2) How long have you known the applicant?

3) In comparison with other students you have known, taught, and/or supervised, rate this applicant in terms of:

	Top 5%	Top 10%	Top 20%	Not Applicable
Intellectual ability	_____	_____	_____	_____
Ability to work with others	_____	_____	_____	_____
Ability to work independently	_____	_____	_____	_____
Writing skills	_____	_____	_____	_____
Communication skills	_____	_____	_____	_____
Maturity of judgment	_____	_____	_____	_____
Persistence	_____	_____	_____	_____
Conscientiousness	_____	_____	_____	_____
Stress Tolerance	_____	_____	_____	_____
Open-mindedness	_____	_____	_____	_____
Receptivity to criticism	_____	_____	_____	_____
Integrity	_____	_____	_____	_____
Dependability	_____	_____	_____	_____
Appreciation of diversity	_____	_____	_____	_____

4) Please comment on any of the above categories or provide other information that should be considered by the Internship Committee in determining this applicant's readiness for placement. Use an additional sheet if necessary.

5) Overall Recommendation:

- Recommend most highly
 Strongly recommend
 Recommend
 Recommend with reservation
 Do not recommend

Evaluator's Signature: _____

Date: _____