

FORM I: Psychology Department Application for PSY520/PSY521: Internship in Psychology

SALEM STATE UNIVERSITY  
Department of Psychology

Please note: This application is to be completed in two parts. Form I application should be completed by the student and brought to the prospective faculty sponsor for review. A copy of the student's transcript should be attached to this application. The student is also responsible for providing transcripts for courses taken outside of Salem State.

Part I.

1. Name \_\_\_\_\_ SSU ID# \_\_\_\_\_

Email address: \_\_\_\_\_

Phone(s) \_\_\_\_\_

Permanent address: \_\_\_\_\_

2. List all completed psychology courses:

Course number/name:

1. PSY 101/320H Introduction to Psychology \_\_\_\_\_

2. PSY \_\_\_\_\_

3. PSY \_\_\_\_\_

4. PSY \_\_\_\_\_

5. PSY \_\_\_\_\_

6. PSY \_\_\_\_\_

7. PSY \_\_\_\_\_

8. PSY \_\_\_\_\_

9. PSY \_\_\_\_\_

10. PSY \_\_\_\_\_

11. PSY \_\_\_\_\_

12. PSY \_\_\_\_\_

SSU GPA \_\_\_\_\_

**Form I continued**

3. What particular skills or interests do you have that might contribute to your selection of Internship sites?

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4. Employment experiences (include summer and part-time jobs):

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5. Volunteer experiences:

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6. What type of agency and/or kind of population do you prefer for your Internship?

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**FORM II: Verification of Acceptance of Student Intern: *PSY520/PSY521 Internship in Psychology***

SALEM STATE UNIVERSITY  
Department of Psychology

Professor \_\_\_\_\_  
Faculty Sponsor  
Department of Psychology  
Salem State University  
Salem, MA 01970

Dear Professor \_\_\_\_\_,

We have accepted \_\_\_\_\_ to  
(Name of Student Intern)  
have his/her *PSY520/PSY521 Internship in Psychology* field experience in this agency for the  
\_\_\_\_\_ academic semester.

The following "particulars" will encompass the internship:

Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Student's Site Supervisor: \_\_\_\_\_  
Internship Start and End Dates: \_\_\_\_\_  
Days and times on site: \_\_\_\_\_  
Hours per week: \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

I have read and agree to the above information:

\_\_\_\_\_  
(Signed and Dated by Student Intern)

**FORM II I**

***FORM III continued***

FORM IV:

**FORM IV Continued**

The following activities and responsibilities have been agreed upon by the student Intern and the Faculty Supervisor to be part of the internship experience:

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All requirements of the attached Internship Syllabus are requirements of the Student and Faculty Sponsor Contract.

Satisfactory completion of all terms of the **Student and Site Supervisor Contract** are hereby incorporated as a requirement for the satisfactory completion of this **Student Intern and Faculty Sponsor Contract**.

The Faculty Sponsor will grade the student's Internship when all requirements of the Student Intern and Faculty Contract are complete

I hereby agree to accept the terms of this agreement and will fulfill all the site requirements herein stated. I also agree to notify my faculty sponsor and site supervisor in a timely manner if any problems arise or if there are significant changes in the nature of the internship.

\_\_\_\_\_  
Signature of Student Intern

\_\_\_\_\_  
Date

I hereby agree to the terms of this agreement and will serve as the Faculty Sponsor during the course of the internship.

\_\_\_\_\_  
Signature of Faculty Sponsor

\_\_\_\_\_  
Date

# APPLICATION FOR ~~AN~~ INTERNSHIP (UNDERGRADUATE)

Registration for an Internship must be completed no later than the end of the official ADD/DROP period. No student should begin an Internship prior to officially registering. Completed application for an internship, including appropriate signatures, and required supporting documents must be on file at the Registrar's Office, prior to the student's registration. Exceptions are subject to Chairperson approval. Day Cont. Ed

Please note that Internships through Continuing Education requires the signature of the Dean of Continuing Education and Non Traditional Programs.

Student's Name \_\_\_\_\_ ID# \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

E-Mail \_\_\_\_\_ Degree Program \_\_\_\_\_

Major \_\_\_\_\_ Class Year \_\_\_\_\_

Course # \_\_\_\_\_ Course Title \_\_\_\_\_ Number of Credits \_\_\_\_\_

Instructor \_\_\_\_\_ Department \_\_\_\_\_

Why an Internship? \_\_\_\_\_

\_\_\_\_\_

Internship will begin \_\_\_\_\_