



DEPARTMENT OF PSYCHOLOGY INTERNSHIP APPLICATION

Term Requested: _____

Name: _____ Student ID #: _____

Phone #: _____ KSU NetID: _____

Submission Deadline: Applications must be submitted to the Psychology Department office no later than the published last day of classes of the term preceding the Term Requested (indicated above).

Application For: PSYC 3398 - Internship PSYC 4498 - Capstone Internship *

** Acceptance into PSYC 4498 requires the timely submission of a Senior Capstone Experience application, available in the Psychology Department office, and verification that all prerequisites for the Senior Capstone Experience have been or will be met. Specifically:*

(1) To qualify for the Capstone Internship, students must satisfy the following prerequisites before the term begins: PSYC 3301, one course from each of the five psychology curriculum areas (one may be completed concurrently with PSYC 4498), and permission of the Internship Coordinator/Department.

(2) If the above prerequisites are not met before the term begins, students will be required to withdraw from PSYC 4498 (and may be eligible to complete PSYC 3398 instead).

In the space provided, briefly describe your reasons for seeking an Internship experience.

In the space provided, briefly describe your previous or current psychology-related work or volunteer experience.

Type of Internship Placement Desired (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: _____ | |

Schedule Limitations (location, days/times, etc.):

If you have connections or leads to a particular internship site of interest to you or other students, please list the contact information here:

Internship Application Recommendation Form

Applicant:

Please complete this section prior to submitting 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 Coordinator.

Applicant's Signature: _____

Applicant's Name: _____

Date: _____

Evaluator:

Please complete this section and return to the Internship Coordinator.

Evaluator's Name: _____

Evaluator's Title: _____

Telephone: _____

In what capacity have you known the applicant?

___ Instructor ___ Supervisor

___ Other (Please explain) _____

How long have you known the applicant? _____

Internship Application Recommendation Form (continued)

In comparison with other students you have known and taught, 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	_____	_____	_____	_____

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

Overall Recommendation:

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

Evaluator's Signature: _____ Date: _____