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.)
- ___ Inpatient Psychiatric
- ___ Outpatient Psychiatric
- ___ Substance Abuse Treatment
- ___ School (elementary)
- ___ School (high school)
- ___ Family setting (e.g., behavior treatment for autistic children)
- ___ 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: _________________________________________

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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:

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<th></th>
<th>Top 5%</th>
<th>Top 10%</th>
<th>Top 20%</th>
<th>Not Applicable</th>
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<td>Intellectual ability</td>
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<td>Ability to work with others</td>
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<td>Ability to work independently</td>
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<td>Dependability</td>
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<td>Appreciation of diversity</td>
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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: ____________