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. Joel Hughes (jhughes1@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. Joel Hughes (jhughes1@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: