

PSYCHOLOGY INTERNSHIP APPROVAL FORM

Semester _____

Name _____ ID # _____

E-mail Address _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

Dates of employment _____ to _____ hrs per week _____

Semester _____

Employer _____

Employer Product/services _____

Address of Employer: Street _____

City/State/Zip _____

Contact at the Place of Employment _____

Employer Phone Number _____ Employer
Email _____

Internship Job Title _____

Internship Job Description (please be specific): Make sure you describe your duties and how the job relates to your career and/or educational goals.

All Internships MUST be approved Dr. Comer.

1. Department Approval* _____ Date _____

2. Student's Signature _____ Date _____

Return signed form to Psychology Office, Room 01-2309

* Dr. Comer