

## FORM I: Psychology Department Application for *PSY421/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# \_\_\_\_\_

Residence during the school year: \_\_\_\_\_  
\_\_\_\_\_

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

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

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

2. List all completed psychology courses:

Course number/name:

Grade:

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 \_\_\_\_\_

PSY 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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7. List two to four internship sites that you are considering. Describe why the site interests you.

Name of site/reason for interest:

1. 

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2. 

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3. 

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4. 

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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)

6. Student Intern will complete the *Evaluation of Placement by Student Intern* form twice: midway through the internship and at the completion of the internship.

**FORM III continued**

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/problems which impact on the internship.

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Signature of Student Intern

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Date

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

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Signature of Site Supervisor

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Date

**FORM IV: Contract between Student Intern and Faculty Sponsor**

SALEM STATE UNIVERSITY  
Department of Psychology

Date: \_\_\_\_\_

Between \_\_\_\_\_ and \_\_\_\_\_  
Student Intern Faculty Sponsor

Site \_\_\_\_\_ Site Supervisor \_\_\_\_\_

Site Contact Information:

Address \_\_\_\_\_

Supervisor Phone \_\_\_\_\_

Other site Contact(s) and Phone Numbers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following times and dates apply to this internship:

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Days and Times on Site: \_\_\_\_\_

Hours on Site per week: \_\_\_\_\_

Schedule of Meetings with Faculty Supervisor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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.

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Signature of Student Intern

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Date

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

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Signature of Faculty Sponsor

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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: FALL \_\_\_\_\_ SPRING \_\_\_\_\_ SUMMER I \_\_\_\_\_ SUMMER II \_\_\_\_\_

Internship will be completed in: One Quarter \_\_\_\_\_ One Semester \_\_\_\_\_ One Year \_\_\_\_\_

Company Name/Department \_\_\_\_\_

Site Location Address \_\_\_\_\_

On-site Coordinator Name \_\_\_\_\_ On-site Coordinator Phone # \_\_\_\_\_

On-site Coordinator Email Address \_\_\_\_\_

**Tuition and fees for an internship through Continuing Education cannot be waived and must be paid in full by all students at the time of registration.**

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Chairperson's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*Dean's Signature (CE Course Only) \_\_\_\_\_ Date \_\_\_\_\_

**\*Chairperson's signature is always required. The chairperson of the subject matter must sign. (eg: IDS401 = IDS chairperson)**

**\*\*Internships offered through Continuing Education require the signature of the Dean of Continuing Education and Non-Traditional Programs, in order to approve funding prior to a student's registration.**