

**WILLAMETTE UNIVERSITY PSYCHOLOGY DEPARTMENT
FIELD INTERNSHIP PROGRAM APPLICATION**

This application is due before the start of the internship. Internship hours may not start prior to department approval of this application. No internships will be approved retroactively.

STUDENT INFORMATION

Name: _____ ID Number: _____

Address (during internship): _____

Phone # (summer): _____ Phone # (fall): _____

E-mail Address: _____

Have you completed Psyc 253? _____ If no, when? _____

INTERNSHIP SITE INFORMATION

Internship Site Name: _____

Internship Site Address: _____

Internship Site Website (if applicable): _____

Name & Title of Internship Supervisor: _____

Internship Supervisor phone #: _____

Internship Supervisor email: _____

Check One: Summer Internship? _____ Fall Internship? _____

Dates at Internship Site: from _____ to _____

Number of Hours per Week at Internship Site: _____

PROPOSAL: Attach 1-2 pages describing the proposed internship and the specific activities that will be required for satisfactory completion of the internship. In this statement, please explain your skills and coursework that are relevant to the proposed internship, and why the proposed internship relates to your interests and to your major. Be specific.

GOALS FOR THE INTERNSHIP

A) List the three main goals the student has for completing this particular senior experience.

1.

2.

3.

B) List up to three additional goals the supervisor has for the student's senior experience.

1.

2.

3.

C) By what means will the student and supervisor measure progress toward the goals?

Approved for the Psychology Dept. by _____(signature) **Date:** _____

Name(print): _____ Phone: _____

Approved for Internship Agency by _____(signature) **Date:** _____

Name(print): _____ Title: _____ Phone: _____

Approved by Applicant _____(signature) **Date:** _____

Make a copy of this form and turn it into the Psyc 300 instructor BEFORE your internship begins. The Psychology Department fax number is 503-370-6512.