

THE UNIVERSITY OF TEXAS AT SAN ANTONIO
The Department of Psychology
INTERNSHIP COURSE FORM

Please print or type
Student's Name:

Last

First

Middle

Student's Banner ID:

Student Email Address:

Phone:

@

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Student's Address:

Course to be taken:

PSY

4933

4936

Call #

Credit Value

Term

(Discipline)

(Circle Proper Number)

(Choose term)

Internship Coordinator:

Eileen Achorn

eileen.achorn@utsa.edu

Internship organization or placement

Address:

Supervisor at the organization

Have you been employed or interned with this organization before: Yes

No

If yes, please describe the previous work relationship:

Description of internship duties and course requirements:

150 hours of supervised, workplace experience (300 for **4936**)

2 papers/**4933** (approx. 4-7 typed pages each) or 3 papers/**4936** (approx. 4-7 pages each)

Regular meetings with faculty advisor

Note: *The University is not liable for damages or injuries that occur at the intership site or during transit to or from the site.*

Student Signature:

Student must sign during required meeting with Coordinator

Psychology
Office:
APPROVED:

Internship Coordinator

Date

Administrative Approval: [] Enrolled [] Override

Date