University of North Carolina Wilmington
Department of Psychology

GRADUATE PSYCHOLOGY INTERNSHIP APPLICATION
(Clinical Students only may apply)

Student Name________________________________ ID ____________________
Student e-mail __________________________ Phone number ______________
Date of Application __________ Anticipated Date of Graduation __________
Faculty Research Advisor ___________________________________________
Date or Anticipated Date of Thesis Defense ___________________________

Note, that except under extremely unusual circumstances, a student may not begin to accumulate the 1000 required internship hours until the thesis has been defended successfully. As soon as the thesis has been defended, the student should notify the Graduate Coordinator so that the internship hours may begin.

Current status of thesis (if not yet defended) __________________________

Desired date of beginning 1000 hours of Internship ______________________
Desired completion date of 1000 hours of Internship ______________________

Date of completion of all course work (excluding internship and thesis credits):
________________________________________________________________

Anticipated date of Comprehensive Examination _________________________

Internship Sites of Interest ___________________________________________

I agree that the above information is correct.
Student signature_____________________________ Date _______________
Thesis Advisor signature________________________ Date_______________

The faculty has met and recommended that the above student register for and begin internship.

Graduate Clinical Training Coordinator _________________ Date _________