

PSYCHOLOGY 489: COOPERATIVE EDUCATION/INTERNSHIP APPLICATION

The first page of this contract should be completed by the student and turned into the main office of the Department of Psychology (PM 400). This step represents an application to PSYC 489 and does not guarantee approval for enrollment. Once an internship site is accepted, the Psychology Internship Director will meet with the student to discuss the job and course requirements for PSYC 489 credit. The Director will provide a signature indicating approval, which is then filed with the Career Services Office and the Department of Psychology Chairperson before the beginning of the semester.

STUDENT INFORMATION

Student Name _____ Student Z-ID # _____

Student Phone # _____ E-Mail _____

ELIGIBILITY (Declared Psychology major required)

Semester enrolling in PSYC 489 _____

Classification JR. _____ SR. _____

Total Credit Hours Completed (Min 60 hrs required) _____

Psychology GPA: _____ Overall GPA: _____

EMPLOYMENT INFORMATION

Name of Company Sponsoring Internship _____

Address _____

Name of Supervisor _____ Title _____

Company Phone Number _____

Est. Hours per Week _____ Est. Start Date _____ Est. End Date _____

Duties _____

Continue completion of the form on the reverse side.

PSYCHOLOGY 489: COOPERATIVE EDUCATION/INTERNSHIP CONTRACT

JOB REQUIREMENTS

- Work in an authorized agency for at least 10 hours per week (20 hours per week for the summer session).
- The work experience must be approved by NIU's Career Services and must receive the approval of the Psychology Internship Director and the Department of Psychology Chair.
- Receive satisfactory evaluations of performance from Site Supervisor.

COURSE REQUIREMENTS

- Attend scheduled group sessions/workshops.
- Complete all course assignments provided on Blackboard in a satisfactory manner.

APPROVALS

Student's Signature _____ Date _____

Psychology Internship Director Signature _____ Date _____

Career Services' Signature _____ Date _____

Internship Site Supervisor Signature _____ Date _____

* * Return the completed signed form to the Dept. of Psychology, PM 400. * *

Department Chairperson's Signature _____ Date _____