

**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 _____