

University of Southern California
M.S. in APPLIED PSYCHOLOGY PROGRAM-INTERNSHIP APPROVAL FORM

TERM: Fall ☐ **SPRING** ☐ **SUMMER** ☐ **YEAR:** 20_____
(Indicate term you plan to do your internship and register for PSYC 91)

Students must receive internship placement approval from the Program Director. Please complete this form and email it to Program Specialist, Jessica Singer at singerje@usc.edu **along with a copy of your updated resume** in the semester PRIOR to your intended internship start so you may receive timely clearance to register for PSYC 591.

Name: _____ USC ID: _____

Phone Number: _____ Email: _____

How did you find this opportunity? ☐ LinkedIn ☐ Connect SC ☐ MAPP referral ☐ Personal networking ☐ Online job site

Do you currently work in the company where you propose to do the internship? Yes ☐ ** See below questions No ☐

Internship Role: _____ Company website link: _____

Company/Organization: _____ Department: _____

Address: _____ City, State: _____ Zip: _____

Supervisor Name and Title: _____

Please describe what you expect to do in this internship (responsibilities, projects, etc):

Expected new skills acquired:

How will this internship advance your career goals?

Expected Start Date: _____ **Expected End Date:** _____

Hours/days per week: (240 hours required): _____ **Paid ?** Yes ☐ No ☐

Please describe how you will fulfill 240 hours while meeting any simultaneous other FT or PT job duties:

****If you currently work at this company, how will these duties/skills differ from your current job?**

****Have you met with your current supervisor to fully discuss and work out how your time will be allocated for the duration of the proposed internal internship?** Yes ☐ No ☐

****Are you expecting to seek approval for a treatise that will be conducted in conjunction with your internship?**

Yes ☐ No ☐