

**Internship in Psychology – PSY 4949**

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Registration request forms for PSY 4949 are managed by the Psychology Dept. Advising office. Completed forms should be submitted before the end of the Drop/Add period of the semester requested.

This course is graded S/U only. You can register for 0, 1, 2, or 3 credit hours, to be determined in conjunction with your work site. For each credit taken, you must complete 50 hours of work during the semester and accrue enough points in the Canvas course to earn a satisfactory grade. This translates into about 3.5 work hours per week during Fall and Spring semesters, about 8.5 hours per week during Summer A or Summer B, and a little more than 4 hours per week during Summer C (for each credit taken). Only a maximum of 4 credits of PSY 4949 will be counted toward the psychology major. For additional information about this course, go to our website at <http://www.psych.ufl.edu/~undergrad/>.

**Students will not be registered for this course if they have current registration holds or if information entered on this form is illegible or incomplete. Please complete the FERPA & Preventing Harassment Online Training and provide transcripts when submitting this form.**

**BEFORE SIGNING. My initials in this box confirm that I have checked for holds.** → Initials \_\_\_\_\_

*My initials indicate that I have completed the online training.* \_\_\_\_\_

This form represents one step in a two-step application process. All steps must be completed by the posted application deadline for the semester. The full Internship course application process includes:

**Step 1. Application Form** [this form] – to be completed by you and your supervisor.

You may (a) scan the completed form and email the digital copy to the Psychology Advising Office ([psych-advising@ufl.edu](mailto:psych-advising@ufl.edu)) or (b) submit a hardcopy to the Psychology Advising office in room 135 of the Psychology building. Be sure to also include a copy of the transcript from your online training (see above). If you have completed the training for a previous course, you can include that transcript (it is not necessary to repeat the training).

**Step 2. Email Notification** – You will be notified via your GatorLink e-mail whether or not your registration is approved. If approved, PSY 4949 will automatically be added to your schedule.

----- For Office Use Only. Do Not Mark Below! -----

\_\_\_\_\_  
Undergraduate Coordinator Signature                      Date Processed

SECTION: _____	REGISTERED BY: _____
ADDED TO EXCEL BY _____	

**I. STUDENT INFORMATION** - To be completed by the student

Name \_\_\_\_\_ UFID \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Company Name & Position Title \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Hours Per Week \_\_\_\_\_ Credit Hours Desired \_\_\_\_\_

Select a Term:  Summer A  Summer B  Summer C  Fall  Spring

**Student's Goals/Learning Objectives for the internship:** What do you intend to learn through this experience?

**Learning Activities:** Describe how your internship will enable you to meet your learning objectives. Include projects, research, report writing, meetings, etc., that will be a part of your internship, relating them to your learning objectives.



**III: AGREEMENT & CONSENT** - To be signed by Internship Supervisor and Student.

**Internship Supervisor:** In signing below, I, the supervisor, verify the following:

- my organization is an established for-profit, nonprofit or governmental entity recognized as such within my professional community;
- my organization is bonded and/or holds sufficient business and liability insurance to cover students working with my organization and on my business premise;
- my organization has a professional, informative website at which students can research my organization;
- my organization complies with the Department of Labor's Fair Labor Standards Act and this work experience pays a fair wage, a legal stipend or meets each of the six criteria outlined by the Department of Labor for an unpaid internship [explore the FLSA criteria at <http://1.usa.gov/9HJ8Eh>];
- I will communicate with my student workers using my organization's professional email address (no gmail, yahoo, etc.);
- I will provide my student workers with direct and daily supervision and guidance in person and I will be accessible to my student workers on a regular basis;
- I will provide work space for my student worker with the necessary resources to complete the work experience duties and course requirements;
- I will assign meaningful learning tasks/projects that are consistent with the work experience description;
- I will complete student midterm and final evaluations as required by the work experience course; and
- my student workers will be working in a professional, established working environment (home-office sites and virtual/work from home or "in the field" experiences are not eligible for this course).

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student:** In signing below, I, the student worker, acknowledge and accept the following:

- I understand that The University of Florida has no control over any hazards to which I may be exposed during the work experience and I do not hold the University liable for any accidents that may occur;
- I will adhere to all personnel rules, regulations, and other standard requirements of the host organization;
- I have appropriate computer and internet access at the site to complete all assignments;
- I agree with all components of the Learning Agreements and agree to carry out the objectives, strategies and methods of the agreement promptly and to the best of my ability;
- I authorize The University to confirm my course enrollment status with my work experience supervisor;
- I understand and agree to the grading policy for this course, and I understand that it is my responsibility to track the progress of my grades during the course;
- I have read the syllabus and understand that within the specified date range: I must complete the work experience; I must complete the agreed upon weekly hours; and I must properly complete the course assignments to pass this course; and
- I understand that if I fail to adhere to this agreement, I will not receive a passing grade or the corresponding academic credit for this course.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COURSE CONTACT INFORMATION**

Psychology Advising Office

[Psych-advising@ufl.edu](mailto:Psych-advising@ufl.edu)

Psychology building room 135