

Psychology Program Internship Contract Form
Southwest Minnesota State University

1. I, _____, (Student's name) on the date of _____, agree to an internship with _____ (Agency/Community Site/Coalition) for the total contract hour of _____ to begin on _____ (Date) and completed by _____ (Date).

2. Site Supervisor: _____

Telephone: _____

Email: _____

Address: _____

3. Intern Telephone: _____

Email: _____

Address: _____

4. Internship Schedule: In the space below, designate the scheduled days of the week and approximate times the intern normally would be expected to be on the job. Please do not fill this out if it varies week to week.

Monday Tuesday Wednesday Thursday Friday. Sat/Sun

The intern and the organization agree on the attached job description or statement of goals/objectives. As specifically as possible, this statement should indicate what the intern will be expected to do or accomplish during the internship in order to meet both organizational and academic goals. **Please be sure to attach the description to this application.**

_____ (Intern signature)

_____(Print name)

_____(Site Supervisor signature)

_____(Print name)

_____(Faculty Supervisor signature)

_____(Print name)

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