

**INTERNSHIP PROJECT FORM
DEPARTMENT OF PSYCHOLOGY
THE UNIVERSITY OF WEST FLORIDA**

Student Name _____ SS# _____
 Track _____ Setting: _____
 Location: _____

COMMITTEE:

Chairperson	Member
Member	Member

HUMAN SUBJECTS OR ANIMAL WELFARE REVIEW (If data are to be collected):

Approval Date: _____ (attach copy to this form)

INTERNSHIP PROJECT COMPLETION AND ORALS:

Objective 1 – Research Proposal	Date Achieved
Objective 2 – 600 Hour Placement	Date Achieved
Objective 3 – Internship Paper & Portfolio: as required	Date Achieved

COMMITTEE APPROVAL SIGNATURES:

Chairperson		Date	Department Chairperson		Date
Member		Date	Member		Date
Member		Date	Practicum 1 Evaluation		Date
			Practicum 2 Evaluation		Date

COMMENTS: _____

Note: There must be a minimum of two members from the Department of Psychology (includes joint appointees and faculty associates, but not adjuncts) on the committee. All members must be informed of any changes in membership in committee.