

Industrial/Organizational Psychology Internship Project Form
School of Psychological and Behavioral Sciences
The University of West Florida

Student Name: _____ SID: _____

Organization: _____ Location: _____

Committee:

Chairperson

Member

Member

Member

Internship Project Completion and Orals:

Objective 1 – Internship Application _____
Date Approved

Objective 2 – 600 Hour Placement Completed _____
Date Achieved

Objective 3 – Field Supervisor’s Evaluation _____
Date Received

Objective 4 – Internship Paper _____
Date Approved

Committee Approval of Defense:

Committee Chairperson Date SPBS Director Date

Member Date Member Date

Comments: _____

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