

Undergraduate Internship in Psychology
Approval Form for PSY 4275-003 or 006
Psychology Department - Charleston, IL 61920
Tel: 217-581-2127
EASTERN ILLINOIS UNIVERSITY

For Office Use Only:

Sec #: _____	Faculty Count: _____
CRN #: _____	SIAASGN: _____
Added: _____	Astra: _____

1. **STUDENT'S NAME:** _____ E#: _____
ADDRESS: _____
PHONE: _____ EMAIL: _____ MAJOR: _____
COURSE #: PSY 4275 CREDIT HOURS (3 or 6): _____ SEMESTER: _____

TOTAL AGENCY HOURS NEEDED: _____ (135 OR 270)

2. **FACULTY SPONSOR:** _____ PHONE: _____

BRIEF DESCRIPTION OF LEARNING OBJECTIVES AND OUTCOMES:

EIU REQUIREMENTS AND METHOD OF SUPERVISION:

3. **NAME AND ADDRESS OF COOPERATING AGENCY:** _____ AGENCY DIRECTOR: _____

_____ AGENCY SUPERVISOR: _____
EMAIL: _____
PHONE: _____ (OFFICE)

AGENCY REQUIREMENTS AND METHOD OF SUPERVISION:

4. **AGENCY/UNIVERSITY AGREEMENT:**

The University and Agency agree that any client/patient information gained through association is confidential and must not be shared without written authorization by or with anyone who is not directly involved in treatment, payment, or health care operations. Both parties will take reasonable measures to educate and train students on the importance of client/patient confidentiality. Each party is responsible for educating and training students regarding policies/procedures specific to their institution. The students shall comply with those established guidelines and agree to each institution's policies on handling confidential information.

5. **REQUIRED SIGNATURES:**

Student (signature): _____ Date: _____

Agency Supervisor (signature): _____ Date: _____

EIU Faculty Sponsor (signature): _____ Date: _____

EIU Department Chair (signature): _____ Date: _____