



SCHOOL OF EDUCATION

SCHOOL PSYCHOLOGY INTERNSHIP APPLICATION FORM

Submit this form to a credential staff member 30 days prior to starting your internship:

Name: _____ ID# _____

Address: _____
Street City State ZIP

Phone (Home) _____ (Other) _____

E-Mail Address: _____

Field Experience Placement Request: _____

School Site/School District Requested: _____

Site Supervisor (if known) _____

NU Field Supervisor Request (if known): _____

Internship Coordinator Int. _____

Master of Science – School Psychology

Please circle one: with credential *or* without credential

For Credential Office Use:

Internship Prerequisites:

- ☐ Completed credential packet
- ☐ Received fingerprint clearance or credential
- ☐ CBEST
- ☐ Negative TB test
- ☐ 3.0 GPA (Grades of “D” and “F” are not accepted.)
- ☐ Successfully completed required coursework in School Counseling
- ☐ Completed and approved pre-internship experience 450 practicum hours and a passing grade in PED 678 for School Psychology
- ☐ Current student account balance (no locks or holds)

Placement Specialist approved to start internship: _____ Date: _____

Internship Dates:

PED 687 _____ Start date: _____ End date: _____ Course Number: _____

PED 688 _____ Start date: _____ End date: _____ Course Number: _____

PED 689 _____ Start date: _____ End date: _____ Course Number: _____

PED 690 _____ Start date: _____ End date: _____ Course Number: _____

Comments: