

Kean University
Psychology Field Experience Application

Date: _____

Date of Birth _____

Name _____ Telephone _____

Address _____ City _____ Zip Code _____

Lives on Campus: Yes ___ No ___ Campus Address _____

Email _____ Cell# _____ ID # _____

Emergency Contact Person Name and # _____

Semester for which you are applying for field placement _____

Valid Drivers License: Yes ___ No ___ Car Available: Yes ___ No ___

Any Limitations to Travel? Please Explain. _____

Academic Record

A. General Cumulative GPA _____

B. Psychology GPA _____

C. Check all Psychology courses taken:

- | | |
|--|---|
| <input type="checkbox"/> Psy-1000 General Psy | <input type="checkbox"/> Psy-2100 Child Psy |
| <input type="checkbox"/> Psy-2110 Adolescent Psy | <input type="checkbox"/> Psy-3110 Life-Span Dev Psy |
| <input type="checkbox"/> Psy-3120 Adult Psy | <input type="checkbox"/> Psy-3130 Psy of Aging |
| <input type="checkbox"/> Psy-3200 Psy Statistics | <input type="checkbox"/> Psy-3300 Research Design & Analysis |
| <input type="checkbox"/> Psy-3310 Psy of Learning | <input type="checkbox"/> Psy-3340 Psy of Women |
| <input type="checkbox"/> Psy-4420 Industrial/Org Psy | <input type="checkbox"/> Psy-3540 Abnormal Psy |
| <input type="checkbox"/> Psy-Community Psy | <input type="checkbox"/> Pst-3650 Understanding Self & Others |

Other courses: _____

Psychology Work Experience (Please List or attach resume)

Paid work _____

(Continue on other side if needed)

Volunteer work _____

What are your plans upon graduation? _____

Interests in Psychology Field Experience Opportunities:

A. Population (Children, Adolescents, Adults, Elderly) _____

B. Agency orientation: (Field of Practice: i.e. Health, School, Community Service, Business, Law, etc) _____

Answer the questions below as completely as possible:

1) Do you speak another language? _____

If so what language(s)? I _____ II _____

At what level? Specify your competency for each language you speak by placing the corresponding number of ability from the categories below next to each language you name.

1 = A little 2 = Some 3 = Conversational 4 = Fluent

2) Are there any special considerations that you think we should be aware of? Yes___ No___

Explain _____

3) What are the three most important things you want in this field internship?

1. _____

2. _____

3. _____

4) Please list any concerns that you may have regarding field placement?

**Please return this form with an unofficial copy of your transcript to: Dr. Ilyse O'Desky
East Campus: 230B**

Referred to: Agency _____

Date _____