

Student Application
Psy 390-Field Experience in Psychology: Semester_____

NAME:_____WKU ID:_____

LOCAL ADDRESS:_____

LOCAL PHONE:_____E-MAIL_____

PERMANENT ADDRESS:_____

PERMANENT PHONE:_____

MAJOR_____MINOR OR SECOND MAJOR _____

ADVISOR_____G.P.A. TO DATE:_____

NUMBER OF SEMSTER HOURS COMPLETED:_____

EXPECTED DATE OF GRADUATION: _____

Psychology courses taken to date(list below or attach Topnet printout):

COURSE

INSTRUCTOR

GRADE

FACULTY REFERENCES (Professor's signature required)

Faculty signature below indicates a recommendation for this student to participate in Psy 390

1 _____Date_____

2 _____Date_____

Type of placement experience desired. If unknown, indicate desired population (adult, child, adolescent, clinical, nonclinical, individual with disabilities), setting (residential, outpatient, business, nonprofit, educational, law enforcement, etc) or type services (clinical, criminal justice, education, etc).

STUDENT SIGNATURE:_____DATE:_____

Return form to Dr. Libby Jones, Psychology Department

Approved/Not Approved_____

Registration Cleared _____