

DATE:

TO: All Clinical Psy.D. Students Planning to go on internship

FROM: DCT

Psychological Clinic paperwork for \_\_\_\_\_

Meeting the Department of Clinical Psychology and Clinic obligation for eligibility to apply for internship.

Please return this form to Julie Skorny when signed.

Date \_\_\_\_\_

\_\_\_\_\_  
Kelly Moore, Psy.D.  
Director, Center for Psychological Services