



PSYC 4920
Mental Health Concentration
Internship Application

Complete and submit this application to Dr. Jessiline Anderson

Email: jessilineanderson@unomaha.edu

In person: UNO Psychology Department, Arts and Sciences Hall, Room 347

You will be notified of your acceptance into the course.

Name: _____

NUID: _____

Major: _____

UNO Email: _____

Street Address: _____

City/State/Zip: _____

UNO GPA: _____

Academic status (check one): Senior Junior Sophomore

Have you completed the following?

Introduction to Clinical Psychology Yes No

Abnormal Psychology Yes No

Provide a brief summary of your interest in the mental health field and how this internship will help; include academic, employment, and volunteer activities.

OFFICE USE ONLY:

Date received: _____ Approved Denied Verified _____