

Name _____

**PSYCHOLOGICAL ASSOCIATE APPLICANT
SUMMARY FORM**

(This form must be completed by the applicant; type or print all information)

1. List psychology faculty associated with your master's/specialist degree program.

2. Indicate the psychologist(s) responsible for planning your master's/specialist degree program.

3. State the **site(s)** and **date(s)** of internship, externship, practicum, or other field experience appropriate to your area of specialty and the practice of psychology.

4. a. Total master's/specialist degree program hours _____ *(indicate semester, quarter, or trimester hours)*

b. Hours from transcript for master's/specialist degree program credited for thesis/dissertation _____

c. Hours from transcript for master's/specialist degree program credited for internship/practicum _____

