

**PENDELDOT Psychology Externship Application Coversheet**

Applicant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apartment / Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

School E-mail Address: \_\_\_\_\_

Training Interest (list the externship program or programs you are interested in):

Graduate Program Information:

University: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Degree Program: \_\_\_\_\_

Director of Clinical Training (or relevant faculty member overseeing placements):

DCT/Faculty Name: \_\_\_\_\_

DCT's Email: \_\_\_\_\_

DCT's Phone:(\_\_\_\_\_) \_\_\_\_\_

Current Year in Program: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_