

# AUTHORIZATION REQUEST FOR AN INTERNSHIP IN PSYCHOLOGY

TO THE DIRECTOR .....  
(name of the Facility)

I, the undersigned.....  
born on ..... in ..... (Prov. ....)  
residing in ..... (Prov. .... ) Post Code .....  
at the address of ..... tel. .... / .....  
with a degree in Psychology obtained from the University of .....  
on .....with a mark of ...../110, having presented a Graduation Thesis entitled: .....  
.....  
(Thesis Supervisor: Prof ..... )

## HEREBY ASK

to be admitted to the post-graduate practical internship at the Facility under your direction during the following semester(s) <sup>(1)</sup>

semester from ..... 20xx to .....20xx .....

SERVICE<sup>[2]</sup> .....

AREA<sup>[3]</sup>            Clinical psychology            Developmental psychology  
                       General psychology            Social psychology

semester from ..... 20xx ..... to ..... 20xx.....

SERVICE<sup>[2]</sup> .....

AREA<sup>[3]</sup>            Clinical psychology            Developmental psychology  
                       General psychology            Social psychology

I hereby agree to pay the tax pertaining to the insurance coverage and to exhibit a receipt of said payment prior to the start of the internship. I also agree to comply with the Regulations of the internship.

Trusting that my request will be accepted and looking forward to your kind reply, please accept my kindest regards.

Date.....

Applicant's signature

.....

LIST OF ENCLOSURES (if requested):

**N.B. Prior to submitting this request, IT IS RECOMMENDED TO PERSONALLY CONTACT THE FACILITIES in order to agree upon the material that has to be enclosed and the delivery methods. Otherwise, the request may be rejected.**

<sup>[1]</sup> Indicate if one or two semesters

<sup>[2]</sup> To be specified in case the Facility has one or more services where the internship can be carried out

<sup>[3]</sup> Indicate ONLY ONE AREA for each semester. In any event, the area has to match one of the areas indicated for the Organization in the List of Facilities provided by the Faculty

# AUTHORIZATION

(TO BE FILLED OUT BY THE FACILITY WHERE THE INTERNSHIP WILL TAKE PLACE)

.....  
(name of the Facility) <sup>[1]</sup>

This is to authorize .....  
to carry out the post-graduate practical internship in Psychology at our Facility:

during the semester from ..... 20..... until ..... 20....

SERVICE <sup>[2]</sup> .....

AREA <sup>[3]</sup>       Clinical Psychology                       Developmental psychology  
                     General Psychology                       Social psychology

Tutor's name <sup>[4]</sup> .....  
(write in block letters)

Tutor's signature .....

during the semester from ..... 20..... until ..... 20....

SERVICE <sup>[2]</sup> .....

AREA <sup>[3]</sup>       Clinical Psychology                       Developmental psychology  
                     General Psychology                       Social psychology

Tutor's name <sup>[4]</sup> .....  
(write in block letters)

Tutor's signature.....

Date.....

Stamp and Signature of the Person Legally Responsible for the Organization <sup>[5]</sup>

.....

**N.B.: THE INTERN IS REQUIRED TO CHECK ALL THE INFORMATION LISTED BELOW: AUTHORIZATIONS THAT ARE INCOMPLETE, INCORRECT OR POORLY FILLED OUT WILL NOT BE ACCEPTED**

<sup>[1]</sup> Authorizations bearing NAMES other than the ones filed with the university's offices WILL NOT BE ACCEPTED. To this end, please read the "Regulations for internship performance for Psychology graduates" printed by the Degree Course in Psychology - Università di Parma.

<sup>[2]</sup> To be mandatorily specified IN CASE THE FACILITY HAS MULTIPLE SERVICES where the internship can be carried out

<sup>[3]</sup> Please specify ONLY ONE AREA for each semester. In any event, the area has to match one of the areas indicated for the Organization in the List of Facilities provided by the Faculty.

<sup>[4]</sup> The Tutor function can ONLY be carried out by a Psychologist who has been enrolled in the Association of Psychologists for at least three years or by a Professor who teaches psychology-related subjects. This name has to appear in the records on file at the university's offices.

<sup>[5]</sup> Authorizations lacking the Facility's STAMP will not be accepted. In case the Facility is not equipped with a Stamp, an authorization printed on the Facility's letterhead can be enclosed. To this end, please read the "Regulations for internship performance for Psychology graduates" printed by the Degree Course in Psychology - Università di Parma.