



DEPARTMENT OF PSYCHOLOGY

Internship Completion Form

Student Name: _____

Student SS#: _____

Internship Placement: _____

Supervisor: _____

Date Begun: _____

Date Completed: _____

Jeff Schatz, Ph.D., Director
Clinical-Community Psychology Training

Date

UNIVERSITY OF SOUTH CAROLINA **BICENTENNIAL** 1801-2001

UNIVERSITY OF SOUTH CAROLINA • COLUMBIA, SOUTH CAROLINA 29208 • 803/777-4137 • FAX 803/777-9558

AN AFFIRMATIVE ACTION / EQUAL OPPORTUNITY INSTITUTION