**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TODAY’S DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCSU EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student: I understand the following about the Mental Health Concentration:**

\_\_\_ The program is primarily designed for students who plan to pursue graduate studies

 and/or a career in a mental/behavioral health field.

\_\_\_ The program includes a 3-credit internship with 150 hours (10 hr/week) at a professional

 mental/behavioral health site, usually in the senior year.

\_\_\_ You have a responsibility to behave professionally on the internship, as you will be a

 representative of SCSU and the Psychology program.

\_\_\_ Some internship sites have required security checks, drug tests, and health screens. You

 must meet a site’s requirements in order to participate in the internship at that location.

\_\_\_ The program has requirements that involve a multi-semester sequence:

 1. PSY 259, PSY 300 and at least one 300-level PSY (pref. PSY 320 or 321) must be taken

 before 2. PSY 465 or 474; which must be taken before 3. PSY 471 and 472 (Internship)

\_\_\_ I confirm that I have reviewed all of the program requirements, and I have done a degree

 evaluation what-if analysis to see my remaining requirements under this program. I will

 bring a copy of the evaluation to my meeting with a mental health advisor.

**STUDENT SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Faculty Member: \_\_\_ Dr. Kraemer \_\_\_ Dr. Anthis \_\_\_ Dr. Colwell \_\_\_ Dr. Walters**

**I have:**

\_\_\_ Discussed the requirements of the program with the student

\_\_\_ Reviewed the student’s transcript or degree evaluation

\_\_\_ Discussed the number of remaining requirements with the student and helped them

 estimate a time-frame for completion

\_\_\_ Discussed the students’ interests and professional goals and determined that the program

 is a good fit for the student

**FACULTY SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**