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SUNY Upstate Medical University-Division of Clinical Psychology  
Application for Internship in Clinical Psychology

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Date of birth \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ E-mail Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Social Security No \_\_\_\_\_

Track to which you are applying:  Clinical-Adult  Clinical-Child

Academic Experience (undergraduate and graduate work):

College or University	From	To	Major	Degree
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Is your graduate program APA approved?  Yes  No

Name, address and professional affiliation of at least three people who are writing your letters of recommendation (one should be from the Director of Clinical Training):

Name	Affiliation
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Current interest in opportunities for minority group students has prompted this optional question: Do you consider yourself a member of a minority or a member of another protected class?  Yes  No

If yes, are you:  African-American  Hispanic Other \_\_\_\_\_