Psychology Program
Letter of Reference for Internship Placement

Name of student: ____________________________________________________________

Check one:
☐ I waive the right to see this letter. ☐ I do not waive the right to see this letter.

Signature of student: ________________________________________________________

To whom it may concern,

The Psychology Department at Plymouth State University requests your assistance in determining the ability of one of our students to effectively complete an off-campus internship experience supervised by the Psychology Department. Please provide the information requested below and return the form as directed. **Do you consider this student able to effectively complete an off-campus internship experience?**

☐ Yes ☐ Unsure ☐ No

If unsure or no, please comment:

Name of reference (please print): ______________________________________________

Signature of reference: __________________________ Date: ______________

Relationship to student internship applicant: ____________________________

Name of business, organization or department: ________________________________

Email: ___________________________ Phone: ________________________________

Address (if off campus): ______________________________________________________

Thank you for your help. Please return this form in a sealed envelope signed across the flap to:

Dr. Kathleen Herzig, Internship Placements
Psychology Program
Plymouth State University
17 High St., MSC #31
Plymouth, NH 03264

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