



**FINAL INTERNATIONAL UNIVERSITY**  
**FACULTY OF ARTS AND SCIENCES**  
**DEPARTMENT OF PSYCHOLOGY INTERNSHIP DIRECTIVE**

**SECTION ONE**

**PURPOSE, SCOPE, BASIS, AND DEFINITIONS**

**Purpose**

**Article 1 – (1)** The purpose of this directive is to regulate the procedures and principles regarding the internship practice to be carried out by students enrolled in the Department of Psychology at the Faculty of Arts and Sciences of Final International University, within the scope of the compulsory course PSKL422 – Field Work and Supervision (Psychology Turkish Program) and PSYC422 – Field Work and Supervision (Psychology English Program), (11 ECTS credits, compulsory course).

**Scope**

**Article 2 – (1)** This directive covers the principles, implementation, and evaluation rules of the internship work to be carried out by students of the Department of Psychology at the Faculty of Arts and Sciences of Final International University, who are required to complete a compulsory internship within specified periods at public and private institutions. It applies to students enrolled in the Department of Psychology at the Faculty of Arts and Sciences.

**Legal Basis**

**Article 3 – (1)** This internship directive has been prepared based on the Student Internship Regulation of Final International University, in accordance with Article 44 of the Higher Education Law No. 2547 and the provisions of the Final International University Bylaw on Establishment and Operation.

**Purpose of the Internship**

**Article 4 – (1)** The primary purpose of the compulsory internship is, in line with the course learning outcomes, to apply the theoretical knowledge and skills acquired in the field of psychology in practice, gain professional experience, develop professional competencies, conduct case formulation, identify areas where one lacks knowledge in the field, gain alternative perspectives on the profession, become aware of situations in cases that cause discomfort, evaluate treatment plans, gain experience in professional ethics, explore areas of interest, and contribute to clarifying one's career goals.

**Definitions**

**Article 5 – (1)** The following terms used in this directive shall mean:

1. University: Final International University,
2. Faculty: The Faculty of Arts and Sciences of Final International University,
3. Department: The Department of Psychology within the Faculty of Arts and Sciences of Final International University,
4. Internship Committee: The committee established by the Dean's Office to evaluate students' objections and requests related to internship practices,
5. Internship Coordinator: Faculty members or research assistants appointed by the Dean's Office to manage the internship process,
6. Internship Institution: Public or private institutions and organizations whose validity is approved by the Internship Committee and that operate in areas related to the department's academic program,
7. Compulsory Internship: The internship that must be completed as part of the course PSKL422/PSYC422 – Field Work and Supervision specified in the Psychology Department



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curriculum, which students are required to complete successfully for graduation, and for which the university pays insurance premiums,

8. Internship Supervisor: The person employed at the institution where the student carries out their internship, who coordinates the student's internship, observes their performance, and submits an evaluation to the department at the end of the internship period.

**SECTION TWO**  
**DUTIES AND RESPONSIBILITIES**

**Duties and Responsibilities of the Internship Committee**

**Article 6** – (1) The Internship Committee consists of one chairperson and two academic staff members. The chairperson and members of the committee are appointed by the Dean's Office.

(2) The duties of the Internship Committee are as follows:

1. To take the necessary measures to ensure that the tasks and procedures specified in the internship schedule are completed within the designated timeframes,
2. To evaluate whether the student has successfully completed the internship,
3. To assess and decide on students' objections and requests related to the internship.

**Internship Coordinator**

**Article 7** – (1) The Internship Coordinator is responsible for monitoring the progress of the internship process and ensuring the necessary coordination.

**Duties and Responsibilities of the Intern Student**

**Article 8** – (1) The duties and responsibilities of the intern student are as follows:

1. The intern student must complete the required internship application documents on time by following the procedures outlined in the internship application process and submit them to the relevant persons and institutions,
2. The intern student must submit the acceptance letter -including the internship start and end dates- from the institution where the internship will be carried out to the Internship Coordinator in a timely manner,
3. At the end of the internship, the intern student must fill in the Internship Report with details of the tasks performed each day during the internship, have it approved by the internship institution, and submit it on time to the Internship Coordinator.

**Tasks Expected from Intern Students at Internship Institutions**

**Article 9** – (1) During their internship, students are expected to conduct initial interviews and observe cases in inpatient wards, outpatient clinics, polyclinics, and emergency departments of the relevant hospital or unit.

**(2)** Students are expected to observe the administration of psychological assessment tests and to take on an observer and assistant role in the preparation of test and evaluation reports.

**(3)** Students are also expected to follow group therapy sessions conducted in the unit and participate as observers and assistants.

**(4)** Students must follow the clinical training sessions, seminars, and open supervision sessions conducted by the relevant hospital unit.

**Duties Expected from the Internship Institution**



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**Article 10** – (1) There must be an institutional supervisor responsible for the intern student. This supervisor is responsible for the general coordination of the students, fills out and approves the Institutional Internship Evaluation Form for the students.

**SECTION THREE**

**OTHER PROVISIONS RELATED TO THE INTERNSHIP AND ENFORCEMENT**

**Internship Institutions**

**Article 11** – (1) Students shall complete their internships at institutions such as public and private hospitals, private rehabilitation centers, psychological counseling centers, social service institutions, and psychological research and development centers.

**Internship location, application, and commencement conditions**

**Article 12** – (1) The internship locations shall be institutions designated by the Psychology Department Internship Committee. Students are responsible for identifying other suitable internship placements. The suitability of an internship site proposed by a student shall be determined by the Internship Committee.

(2) Students must obtain approval from the Internship Committee before starting their internship. Internships started without the committee's approval are not considered valid.

(3) A student whose internship location is approved by the Internship Committee must start the internship at the approved place. Any work conducted at institutions not deemed appropriate by the committee will not be considered an official internship and will not be evaluated.

(4) Students must have completed their third year of study before starting the internship.

(5) Students must have successfully completed the courses PSKL323/PSYC232 Psychopathology-I and PSKL324/PSYC324 Psychopathology-II.

(6) The institution where the internship is to be carried out must operate in the relevant field and must have at least one full-time psychologist employed at the institution.

(7) Students who fail to begin their internship within the specified dates, do not complete the required procedures, and/or are deemed unsuccessful in their internship are required to retake the PSKL422/PSYC422 Field Work and Supervision course and repeat the internship process.

**Internship application process and internship related documents**

**Article 13** – (1) Students are responsible for researching and finding their own internship institutions.

(2) Students who plan to complete their internship at public institutions in the Republic of Türkiye (T.C.) must follow important dates and apply through the official website of the Career Gate of the Presidency of the Republic of Türkiye Human Resources Office: <https://kariyerkapisi.cbiko.gov.tr/>.

(3) For institutions other than public institutions, the proposed internship site must be approved by the Internship Committee.

(4) Once the internship location is determined, the **Compulsory Internship Form (Annex-1)** must be completed and submitted to the Dean's Office Secretariat no later than one week before the internship start date. The compulsory internship form is required for insurance procedures and can



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be found on the official website of Final International University, under the Faculty of Arts and Sciences page: [www.final.edu.tr](http://www.final.edu.tr).

(5) If the internship institution requests additional documents, it is the student's responsibility to provide and submit the required documents to the institution.

(6) The internship file must include the following documents:

1. Compulsory Internship Application Form (Annex-1) – 3 copies
2. Internship Report (Annex-2)
3. Internship Attendance Form (Annex-3)
4. Intern Performance Evaluation by Institution (Annex-4)
5. Intern's Evaluation of the Internship Institution Form (Annex-5)
6. Internship Committee Evaluation Form (Annex-6)
7. Internship Approval Form (Annex-7)

(7) Students must submit three (3) copies of the Compulsory Internship Application Form to the Faculty Secretariat by the announced deadline. Internship applications submitted after the announced date will not be accepted.

#### **Social Security Institution (SSI) Procedures**

**Article 14** – The SSI procedures of the intern student are carried out by Final International University. Students are responsible for timely submission of all documents requested by the University for SSI premium payment to the relevant unit on time.

#### **Format, Content, and Submission of the Internship Report**

**Article 15 – (1)** After the completion of the internship, students are required to prepare an internship report. The report must include the following sections:

- Introduction and functioning of the institution where the internship was completed
- Assigned tasks and responsibilities undertaken
- Experiences gained during the internship
- Evaluation of the internship process by the intern

(2) The formatting of the report must follow the official internship file template provided on the Faculty of Arts and Sciences page of the University's official website :([www.final.edu.tr](http://www.final.edu.tr))

#### **Conduct of the Internship**

**Article 16 – (1)** Attendance during the internship is mandatory. The Internship Attendance Form (Annex-3) must be signed daily by the institution's internship supervisor, including the tasks performed and working hours. At the end of the internship, the entire process must be confirmed and approved by the institution official using the Internship Approval Form (Annex-7).

(2) The compulsory internship must be carried out for a minimum of 20 working days. This duration should be planned in accordance with the working hours of the host institution.

(3) During the internship, students are required to comply with the working principles, working conditions, disciplinary and occupational safety rules, and all relevant legal requirements of the host institution.



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(4) A student who has started their internship cannot change the internship location without informing and obtaining approval from the Departmental Internship Committee. If changed without approval, the internship will be deemed invalid.

(5) Students are not allowed to take leave during the internship unless it is strictly necessary.

(6) The University is not liable for any damages caused by the intern to the hosting institution due to the intern's fault or negligence.

#### **Evaluation of the Internship**

**Article 17** – (1) The coordination of internship procedures and the evaluation of internship work are carried out by the Internship Committee. The Internship Committee Evaluation Form (Annex-6) is signed by the committee members.

(2) The Institutional Internship Evaluation Form (Annex-4) is completed by the institutional internship supervisor based on the student's performance, attendance, engagement, success, and other relevant aspects, and must be officially signed and stamped.

(3) The Institutional Internship Evaluation Form must be submitted in a sealed envelope signed and stamped by the institution or organization.

(4) The Internship Evaluation Forms and Internship Reports of the students are reviewed by the Internship Committee, which decides whether to accept or reject the internships. In cases where a correction is required, the student may be asked to revise their report. If an internship is rejected, it must be repeated.

(5) A student who is requested to revise their internship report must submit the revised version within one (1) month from the date of the revision request. Failure to do so will result in the internship being deemed invalid. After this period, the student's situation will be re-evaluated by the Internship Committee.

(6) Internship files are evaluated by the Internship Committee, which has the authority to assign the internship grade. The evaluation is based on several criteria, including the institution's evaluation of the intern, the content of the internship report, and the presentation.

(7) Students subject to compulsory internship who are deemed unsuccessful by the Internship Committee must repeat the internship.

(8) If, during the evaluation of internship reports or supporting documents, it is determined that a report has been copied from another student's file, is substantially similar to another report, or contains falsified information, disciplinary action will be taken in accordance with the Final International University Student Disciplinary Regulations.

#### **Matters Not Covered in This Internship Directive**

**Article 18** – Matters not explicitly addressed in this directive shall be resolved by the decision of the Dean's Office.

#### **Enforcement**

**Article 19** – This directive shall come into effect as of the date it is approved by the Senate of Final International University.

#### **Execution**

**Article 20** – The provisions of this directive are implemented and supervised by the Department of Psychology, Faculty of Arts and Sciences.



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**Annex-1: Compulsory Internship Application Form**



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**COMPULSORY INTERNSHIP APPLICATION FORM**

**TO WHOM IT MAY CONCERN,**

We kindly request your support in accepting the student of the Department of Psychology, Faculty of Arts and Sciences, whose personal information is provided below, to complete their compulsory internship of 20 working days at your institution as required by their academic program. We would like to thank you in advance for your cooperation and wish you success in your work.

First Name – Last name		National ID No.	
Student No.		Academic Year	
Department/Program		Faculty	
Email Address		Mobile Phone No.	
Residential Address			

**- INFORMATION REGARDING THE INTERNSHIP INSTITUTION**

<b>Internship Start Date</b>		<b>Internship End Date</b>		<b>Duration (Working Days)</b>	
Company Name					
Company Address					
Field of Production / Service					
Phone Number		Fax Number			
Email Address		Website			

**- EMPLOYER OR AUTHORIZED PERSON INFORMATION**

Full Name			
Position		The student is approved to undertake an internship. Signature / Stamp	<i>The company's official acceptance letter including student information is sufficient.</i>
e-posta adresi			
Date			
Employer Social Security Registration No.			

**- STUDENT'S CIVIL REGISTRY INFORMATION (To be filled out by student upon internship acceptance)**

Surname		Registered Province	
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First Name		District	
Fathers' Name		Neighborhood / Village	
Mother's Name		Volume No.	
Place of Birth		Family Sequence No.	
Date of Birth		Record No.	
National ID No		Issuing Civil Registry Office	
ID Serial Number		Reason for Issuance	
Social Security No.		Date of Issue	

**STUDENT'S SIGNATURE**

**DEPARTMENTAL INTERNSHIP  
COMMITTEE APPROVAL**

**FACULTY APPROVAL**

The information I have provided above is accurate.		
Date:	Date:	Date:



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**Annex-2: Internship Report**



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**FACULTY OF ARTS AND SCIENCES  
DEPARTMENT OF PSYCHOLOGY  
  
INTERNSHIP REPORT**



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**DEPARTMENT OF PSYCHOLOGY  
INTERNSHIP REPORT**

Student's  
Photograph

Student's Full Name : .....

Department / Program: .....

Year of Study: .....

Student ID Number: .....

Internship Institution and Address: .....

Internship Number : .....

Start Date of Internship: .....

End Date of Internship: .....



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**RULES FOR COMPLETING THE INTERNSHIP FILE**

1. The Internship File must include the required internship reports, the student's evaluation form of the internship institution, the report prepared by the student regarding the institution, and the evaluation form completed by the supervising faculty member.
2. A photograph of the student must be affixed to the designated area on the first page of the internship file. The information on the first page must be filled out clearly, in capital letters, using a ballpoint pen.
3. All written content in the internship file must be legible, written in block letters with a ballpoint pen, and free from any erasures or scribbles.
4. Daily reports and weekly schedules included on each page of the file must be signed and stamped by the authorized supervisor of the relevant department where the internship was conducted.
5. Upon completion of the internship, students must evaluate the organization where the internship took place based on the criteria and questions outlined in the evaluation form included in the file. They must also provide general information on the page titled "General Report on the Institution" at the back of the file, including details such as the institution's history, management and organizational structure, operational areas, and affiliated units.
6. After completing the internship, students are required to fill in the "Student Evaluation of the Internship Institution Form" and provide the necessary personal details at the top of the final page of the file.
7. When submitting the internship file, the "Institution's Evaluation of the Intern Form," completed, signed, and stamped by the authorized official of the institution, must be enclosed in a sealed envelope and submitted with the file. The envelope must be signed and stamped across the seal.
8. The internship file and related evaluation forms must be submitted completely and in an organized manner by the student to the Internship Committee within the deadline specified in the Internship Guidelines, following the completion of the internship.



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**GENERAL POINTS TO BE CONSIDERED DURING THE INTERNSHIP**

**1. BRIEF INTRODUCTION OF THE INSTITUTION:**

- **Contact Information of the Institution:**
  - a. Name/title of the institution
  - b. Your supervisor
  - c. Address/phone number
  
- **Information About How the Organization Operates:**
  - a. Objectives/goals of the institution
  - b. Programs provided by the institution
  - c. Characteristics of the institution's target groups

**2. INFORMATION ABOUT THE INSTITUTION:**

- Books
- Posters
- Brochures
- Magazines
- Newspapers

**3. A SUMMARY OF THE ACTIVITIES / PROJECTS YOU PARTICIPATED IN:**

- **Working Hours:**
  - a. On which days / at what times?
  - b. How many weeks / hours?
  
- **Your Experiences:**
  - a. What did you do at the institution? (Roles / Responsibilities)
  - b. Your contributions to the institution?
  - c. How did you help people?
  - d. Why did you choose this institution?

**4. EVALUATION BY THE SUPERVISOR:**

- A table including the signature of the responsible person

**5. WHAT YOU GAINED FROM THIS EXPERIENCE**



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BEFORE THE  
INTERNSHIP

AFTER THE  
INTERNSHIP

**IMPORTANT POINTS TO CONSIDER ABOUT THE INSTITUTION**

● **Physical characteristics of the clinic**

- ✓ Detached building / Apartment floor
- ✓ With garden / Without garden
- ✓ Residential / Daytime
- ✓ Adequate number of therapy rooms
- ✓ Cleanliness and orderliness of the building
- ✓ Importance given to privacy

● **Characteristics of the Staff at the Institution**

- ✓ Types of personnel present (administrator, psychiatrist, clinical psychologist, psychological counselor, secretary, support staff, etc.)
- ✓ Number and ratio of employees'
- ✓ Average number of clients per day
- ✓ Client / counselor ratio
- ✓ Years of service of the staff
- ✓ Number of female / male staff members

● **Administrative Operations at the Clinic**

Appointment by name  
Pre-evaluation Other

● **Methods / Programs Implemented at the Clinic**

Individual / Group / Child Substance Abuse  
Family Support Programs, Intervention Seminars  
Target Audience?

● **Intern's Role / Responsibilities at This Clinic**

- ✓ Which days / How many hours?
- ✓ What tasks were performed?



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- ✓ What contributions were made to the institution?
- ✓ How did the intern assist clients and counselors?
- ✓ Reason for choosing this institution?

- **What did the internship contribute to you, and what kind of experience did you gain?**

**GENERAL REPORT ABOUT THE INSTITUTION**

(To be prepared based on the section "Points to Consider Regarding the Institution.")



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**POINTS TO CONSIDER IN CLIENT OBSERVATION**

Institution Name:	
Internship Dates:	
Observed Areas:	
Total Number of Cases Observed:	

In your own words, please describe what you learned from observing each client, addressing the following topics:

Topic	Information to Include in the Individual Report
1. Client History / Clinical Interview	Write a brief case summary – Who is the client (gender, age, occupation, etc.) and why did they come to the institution? What problem/complaint did they report? Is this their first visit or a follow-up? When and how did they notice the existence of the problem? How long has it been ongoing? Have they previously sought professional help/support for the stated problem(s)? What current illnesses does the client have? Are they taking any medication?
2. Client's General Mood (Mini Mental Status)	How was the client's general mood? Did it align with what they reported, or was there a discrepancy? What overall impression did this create?
3. Interventions to Date - Successful or Not? What interventions has the client undertaken regarding the reported problems? How effective were these efforts?	What interventions has the client undertaken regarding the reported problems? How effective were these efforts?
4. Family Dynamics	How has the client coped with the problem(s) so far? What actions have they taken? Were these successful? If yes or no, explain why.
5. Aile Dinamikleri	Describe the client's family dynamics. Include the general structure of the family, their overall attitude towards the client's situation, whether they are supportive or not, and the closeness and strength of family ties.
6. Social Life	Describe the client's social life before and after the onset of the problem. How was it affected? Consider friends, work life, relationships with peers, older and younger individuals, social activities, etc.
7. Illness Perception	How does the client perceive their illness? Is the perception positive, negative, or fatalistic? What is the source of this perception? How does the client approach their condition?
8. Risky Behaviors	Has the client engaged in risky behaviors before or during this period? If yes, specify what kind (e.g., alcohol use, smoking, substance abuse, driving without a seatbelt, etc.).



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9. Overall Quality of Life	What was the client's quality of life before this period, and how has it changed since? If there has been a decline, what factors contributed to this decrease?
10. Level of Hope	Is the client hopeful about the treatment process? Please explain.
11. Post-Session Status	How was the client before and after each session? Was there any noticeable change? If so, why?
12. Personal Analysis	What are your thoughts on the client's narrative and overall condition? Has the client given up, or are they making efforts to recover or rehabilitate? Does their support network facilitate this? Do they have sufficient resources? What is your prognosis?

\*The table may be expanded if necessary.

\*This observation table must be completed and reported for each individual client. Daily reports are to be filled out every day for 20 days. A 20-day summary report will be prepared.



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DAILY REPORT

(DATE:.....)



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**Annex-3 Internship Attendance Form**

Dear Sir/Madam,

The student is required to attend the internship for a total of 20 working days. For each working day, both the authorized person at the institution and the student must sign this form.

Student's Full Name: .....

Institution of Internship: .....

Authorized Person at the Institution: .....

Internship Start Date: ...../...../.....      Internship End Date: ...../...../.....

	DATE	DAY	TASKS PERFORMED	WORKING HOURS	NAME & SIGNATURE OF SUPERVISOR	STUDENT'S SIGNATURE
1						
2						
3						
4						
5						
6						
7						



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19						
20						



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Total Number of Internship Days Completed: \_\_\_\_\_

Approval by the Authorized Supervisor at the Internship Institution:

I hereby confirm the accuracy of the attendance form for the student named

.....who  
completed their internship at our institution.

Full Name: .....

Signature: .....

**Annex-4: Intern Performance Evaluation by Institution**

Evaluating Institution:

Supervisor:

Position:

Phone Number:

Full Name of the Student Being Evaluated:

The general performance and competencies of our student who has completed their internship at your institution are of great importance to us. Therefore, we kindly ask you to evaluate the student's knowledge, skills, attitudes, and behaviors based on your observations during the internship period according to the criteria listed below. We appreciate your contribution.

<b>Evaluation Dimensions</b>	<b>Excellent</b>	<b>Good</b>	<b>Average</b>	<b>Insufficient</b>	<b>Very Insufficient</b>
Taking responsibility					
Motivation					
Ability to apply knowledge					
Ability to take initiative					
Quality of completed work					



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Behavior appropriate to institutional setting					
Compatibility in interpersonal relationships					

Please evaluate the overall performance of the student at your institution:

\_\_\_\_\_ Successful                      \_\_\_\_\_ Unsuccessful

Signature: .....

**Annex-5: Intern's Evaluation of the Internship Institution Form**

<b>Evaluation Criteria for the Institution</b>	<b>Very Good</b>	<b>Good</b>	<b>Average</b>	<b>Inadequate</b>
Supervisors' approach toward interns				
Staff's approach toward interns				
Adequacy of the working environment (humidity, noise, ventilation, hygiene conditions, etc.)				
Suitability of working conditions (standing/sitting constantly, narrow/spacious, open/closed spaces, irregular working hours, breaks, etc.)				
Adequacy of social facilities provided to staff				
Sufficiency of equipment, tools, and systems used during work				
Supervisors' support for the development of subordinates				
Communication among employees				

1. Were the tasks and operations in the department(s) where you completed your internship carried out effectively and in accordance with proper procedures? Please explain.

2. Did you receive the necessary support from the relevant supervisor(s) and staff during your internship? Please explain.



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3. Please indicate the advantages and disadvantages of having completed your internship at this institution.

4. Indicate the facilities provided to you by the institution during the internship.

- Salary
- Insurance
- Accommodation
- Meal
- Transportation

5. During the internship, did you have sufficient opportunities to apply your theoretical knowledge? Please explain.

6. Would you recommend this institution to other students for internship?



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7. In your opinion, is it possible to complete an internship at this institution in alignment with the objectives of your department? Please explain.



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**Annex-6: Internship Committee Evaluation Form**

**Student's**

**Full Name :**

**Student ID Number :**

**Institution of Internship :**

**Internship Start / End Dates:**

<b>Evaluation Criteria</b>	<b>Excellent</b>	<b>Good</b>	<b>Average</b>	<b>Insufficient</b>
Compliance with Internship File Guidelines				
Effectiveness of Daily Reports				
Student's Evaluation of the Internship Institution				

**Evaluation of the Internship**

<b>SUCCESSFUL</b>	
<b>UNSUCCESSFUL</b>	

**Course Instructor's**

**Name and Surname:**

**Department:**

**Signature:**

**Date:**

**Internship Committee:**

<b>Name and Surname, Title</b>	<b>Signature – Date</b>
<b>1-</b>	
<b>2-</b>	
<b>3-</b>	

**Annex-7: Internship Approval Form**



**FINAL INTERNATIONAL UNIVERSITY**  
**FACULTY OF ARTS AND SCIENCES**  
**DEPARTMENT OF PSYCHOLOGY INTERNSHIP DIRECTIVE**

Your student ....., has completed an internship of ..... days at our institution named..... and has prepared this report.

**APPROVED BY**

Name and Surname: .....

Position: .....

Institution Name: .....

**SIGNATURE:** .....

**Date:** ..... / ..... / 20....

\*\*\* To be approved by the authorized person of the internship institution upon completion of the internship.