

Application for University of Rochester Undergraduate Student Course Credit

Thank you for your interest in Mt. Hope Family Center programs and projects. Please review the guidelines posted on the website prior to submitting this application.

Student Name:						
Email:			Phone Numb	er:]
Tajor: Graduation Year:						
Semester for ap Availability:	oplication:	Spring	Fall	Year		
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday]
Course Number	r:					
☐ PSY 394	Internship (PA)	THS Program) R	Requires a minim	um commitmer	ıt of 3 credits	
	•	search FLIGH		TIK PI	ROMISE Adult I	Health
Requested Cred	dits:					
2 credits	(6-8 hrs) [3 credits (8-10	hrs)	4 credits (10	0-12 hrs)	
E	mail this docume	ent, along with yo	our resume, to St	ephanie Capob	ianco	

(Stephanie Capobianco@URMC.Rochester.edu).

Applications are accepted on a rolling basis.