

Contract for Supervised Courses
798

Directions:

Submit this completed form to the Psychology faculty who will sign to receive restricted schedule number.

Student Name: _____ **RedID:** _____

Address: _____

Phone: _____ **E-Mail:** _____

Semester: Fall Spring Summer **Year:** _____ **# Units:** _____

(Student Signature)

(Date)

Student, if you will be working at an off-campus field site, you must complete the section on the back of this form.

This section to be completed by Faculty Supervisor:

Project Title: _____
(Limit to 25 characters)

Nature of Project: *Student's responsibilities and how student's performance will be evaluated e.g. written reports, oral presentations, or APA style paper.*

Will student be working at an off-campus field site? Yes No

If Yes, the student must fill out the section on the back of this form.

Will this project involve working with Human Subjects Animal Subjects Archival Data

Please check all that apply

Faculty Supervisor: _____
(Print Name)

(Faculty Signature)

(Date)

Field Site Information

(If you will be working at an off-campus field site, you must complete the section below.)

Field Site: _____

Site Supervisor: _____
(Print Name) (Title)

Address: _____

Phone: _____ **Fax:** _____ **E-mail:** _____

(Site Supervisor Signature) (Date)

Liability Information:

The field site (specified above) _____ will _____ will not cover the student's liability while he/she is in a field experience with our agency.

(Responsible Party Signature) (Title) (Date)