Department of Psychology
Intern/Supervision Course

Semester/Year _______________  PSYC 489  Unit Value ________

Student ____________________  PSYC 489  Unit Value ________

Last  First  M.I.

Class level _________________  Student Identification Number __________________________

Site Location __________________________________________________________

Brief description/outline of duties:

Academic requirements/methods of evaluation:
On-line participation: required
Site supervision: required
End-of-semester evaluation: required

Readings? __________________________________________________________

Workshop/conference attendance? _______________________________________

Attendance at regular agency meetings? _________________________________

In-house training? ___________________________________________________

Other? _____________________________________________________________

Student Signature __________________________ Date _________________

Approvals:
Site Supervisor __________________________ Date _________________

Faculty Sponsor __________________________ Date _________________

Department Chair __________________________ Date _________________

Distribution: Department, Student, Site Supervisor