

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:** _____

Course #: ☐ 797 ☐ 798 **# 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)