

**Graduate School of Applied and Professional Psychology
Practica/Internship Contract: Organizational Psychology**

Please Note: If completing this form electronically, the boxes will expand as you type. If you are printing the form for completion, please expand the boxes before you print out.

Student Name: _____ **Contact Info:** _____

Practicum or Internship (please specify)	
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Semester(s)		Year(s)	
Organization's Name			
Location (full address)			
Site supervisor/ Contact Info			
Other supervisor/ Contact Info.			

Practica/Internship

Nature/type of work student will perform?

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How will the student be supervised on site? And by whom?

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How many days/hours per week are required? Schedule?

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What is the compensation?

What is the likely duration of the work?

From/To

What skills/ /knowledge does student wish to acquire during this practicum/internship?

If student is receiving supervision other than on site, please specify arrangements.

Student's Signature _____ Date: _____

Site Supervisor's _____ Date: _____

Other Supervisor's Signature _____ Date: _____

Coordinator of Practica/Internship Signature _____ Date: _____

OP Program Director Signature _____ Date: _____

Students: Please Note

This form **must be completed and signed by all parties at the beginning of each practica/intern experience**. Four copies should be distributed as follows:

1. Company/Site Supervisor
2. OP Program Executive Asst./Kathy McLean
3. OP Program Coordinator of Practica/Internships
4. Student