

# **PSY 1900: Supervised Field Placement Learning Agreement**

*(Enrollment restricted to Psychology majors)*

Students must complete this form with their site supervisor before gaining the permission number to register for PSY 1900 credit.

Please read the following directions on how to process this form:

1. Complete this Learning Agreement in collaboration with your site supervisor and obtain his or her signature (not the lab manager).
2. Make two copies of the completed, signed agreement (one for student's records, one for placement site, and original for Advising Office).
3. Bring this completed paperwork to Psychology Advising Office in 3113 Sennott Square during walk-in hours (Monday -Thursday 10:00 – 1:00 and Friday 9:00 – 12:00) to obtain a permission number.
4. Enroll in PSY 1900 through your Student Center via the my.pitt.edu portal. You must register for this course in order to receive credit.

## **Student Information**

Student name: \_\_\_\_\_ PeopleSoft number: \_\_\_\_\_ PITT Email: \_\_\_\_\_

## **Site Information**

Site Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

## **Additional Supervisors (if applicable):**

**If others will also be involved in student supervision, please complete this section.**

Additional supervisor name: \_\_\_\_\_ Email: \_\_\_\_\_

## **Supervision:**

**Supervisor: Describe the extent of your supervision, including frequency of meetings and method of evaluation\*:**

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## **Frequency:**

- weekly
- bi-weekly
- monthly
- other: \_\_\_\_\_

Site supervisors will verify that students have completed the required hours at the end of the term.

**Student Responsibilities and Evaluation Criteria:**

**Supervisor: Describe what the student will do, who the student will work with, etc.**

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**Registration Information:**

Term (i.e., Fall 2016): \_\_\_\_\_

Number of Credits (1-3): \_\_\_\_\_ (1 credit=55 hours/2 credits=85 hours/3 credits=120 hours)

Have you completed an internship at this site in the past? \_\_\_\_\_NO \_\_\_\_\_ YES If yes, which term? \_\_\_\_\_

Please note:

- This course is offered on an S/N basis only.
- Students must be registered for PSY 1900 during the semester in which the Supervised Field Placement hours are begun. Hours completed prior to the registered semester will be considered volunteer hours and are not to be counted in hours completed for credit.
- Credit hours are determined by the number of hours the student successfully completes at the site. See the *Supervised Field Placement Guidelines* for more details.
- A student may register for a maximum of 3 credits in any one term. A maximum of 6 credits may be earned at any one field placement site.

**Pre-requisite Waiver (if applicable):**

By signing this learning agreement, the student verifies the department requirements for PSY 1900 (minimum overall GPA of 2.75, 12 completed credits of psychology (including current term) have been met. If the requirements have NOT been met, the faculty supervisor may waive requirement(s) by initialing below:

\*The student has **not** met the following prerequisite(s) (**check and have supervisor initial all that apply**):

- \_\_\_\_\_ Overall GPA of 2.75
- \_\_\_\_\_ Completed 12 credits of psychology

**Student and Supervisor Signatures:**

**Student:** (Please initial each item and sign below.) My signature indicates that I agree to:

\_\_\_\_\_ fulfill the internship hours and duties listed above

\_\_\_\_\_ submit a mid-term and end-of-term evaluation and required journals to CourseWeb by the published semester deadline.

\_\_\_\_\_  
**Student Signature**

**Site Supervisor:** By signing below, I agree to 1) provide direction/feedback to this student over the course of term, 2) monitor the student's hours, and 3) submit hours verification/evaluations to the Psychology Advising Office by the requested end-of-term deadline.

\_\_\_\_\_  
**Site Supervisor Signature** (Must be signed by the supervisor responsible for the site)

**Registration Authorization (Advising Office use only):**

\_\_\_\_\_  
Psychology Advisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Class Number

\_\_\_\_\_  
Permission Number