Practicum Registration Form

CPSY/SPSY Section Date:

Name: UIN: Email:

Semester Registering for: Year: Number of Credits:

Practicum Site: Site Supervisor Name:

Faculty of Record:
(For registration purposes) Site Supervisor Email:

Field Practicum Site Agreement:

Will the Site Supervisor be a Licensed Psychologist? YES ☐ NO ☐ Other credential(s):

Does the Site Supervisor agree to provide the student with at least 1 hour of weekly supervision? YES ☐ NO ☐

Does the Site Supervisor agree to review the student's "live" sessions or session recordings? YES ☐ NO ☐

Does the Site Supervisor agree to submit a practicum evaluation for the student each semester? YES ☐ NO ☐

Describe the role and responsibilities of the student at this practicum site:

Describe the population the student will be working with (demographic, range of diagnoses anticipated):

Practicum Student Agreement:

Student has submitted the practicum contract (Any practicum not on TAMU site requires a contract between TAMU and the site): Yes ☐ No ☐ N/A ☐

Student will provide Site Supervisor with the course syllabus and practicum evaluation form: Yes ☐ No ☐

Student agrees to make sure their practicum evaluation form is submitted by their Site Supervisor prior to the end of the semester: Yes ☐ No ☐

Field Practicum Coordinator Signature of Site Registration Approval: (Ojeda-CPSY, Chair-SPSY)

Name Signature