

**CPSY 683 Field Practicum Registration Form**

Name: UIN: DATE:  
Registering for: Year: Number of Credits:

Practicum Site: Site Supervisor Name:  
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 Instructor of Record:** *(TBC is Dr. McCord. All other practica is Dr. Ojeda)*

Name Signature