Practicum Registration Form

	CPSY/SPSY	Section	Date:		
Name:	UIN:		Email:		
Semester Registering for	or: Yea	ar:	Number of	Credits:	
Practicum Site:		Site Superv	visor Name:		
Faculty of Record: (For registration purposes) Field Practicum Site A Will the Site Superviso	Agreement: r be a Licensed Psychologist? Y		visor Email: Other credential(s):		
•	r agree to provide the student w		` '	YES	NO
-	r agree to review the student's "			YES	NO
Does the Site Superviso	r agree to submit a practicum e	valuation for tl	he student each semester?	YES	NO
	sponsibilities of the student at the student will be working wi	•		ipated):	
Practicum Student Ag	reement:				
Student has submitted that and the site): Yes	he practicum contract (Any prac No N/A	eticum not on T	ΓΑΜU site requires a contra	ct between	TAMU
Student will provide Sit	e Supervisor with the course sy	llabus and prac	cticum evaluation form: Yes	No	
Student agrees to make end of the semester:	sure their practicum evaluation Yes No	form is submit	tted by their Site Supervisor	prior to the	e
Field Practicum Coordinator	Signature of Site Registration Appro	oval: CPSY- TBC	C is Dr. McCord & all other prac	tica is Dr. O	ijeda, SPSY - Chair
Name	Sign	nature			