## University of Kentucky Department of Psychology PSY 399: Field/Community Based Education (P/F Only)

## LEARNING CONTRACT (Only for Sections 001 and 002)\*

Semester:	Yea	nr:	Credit Hours^:			
Student Name		Internship Site Name				
Student UK		Site Supervisor's				
ID Email		Name Email				
Phone #		Phone#				
Faculty		Internship				
Sponsor's Name		Address				
Starting Date		Total Number of Weeks				
Ending Date		Average Hours Per Week				
Describe what	duties you will be performing at your in	nternship site:				
List your learn						
To the Site Supervisor:						
Please <b>confirm</b> will be perform		end at your organization	and also <b>verify</b> some of the duties that the student			
Please note that the student's faculty sponsor may contact you to inquire into the student's internship performance. In such cases, your brief performance evaluation would be very much appreciated.						
Site Supervisor	's name:	_ Site Supervisor's s	ignature:			
Date:						

<sup>\*</sup>should be typed

<sup>^ 3</sup> hours per week per 1 credit hour

Specify the assignments, due date your faculty sponsor.	es, and needed red	quirements to receive a passing gra	de agreed upon with			
Describe the method and frequency with which you will communicate with your faculty sponsor during						
the duration of your internship.						
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Faculty Signature	Date	Student Signature	Date			

## **NOTE:**

- You must type the contract. The hand-written one will be rejected.
  You must upload the complete learning contract on Canvas by 5PM of the second day of class to remain in class.
- If your site supervisor wants one copy, make sure to give her or him a copy as well.