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

LEARNING CONTRACT (Only for Sections 001, 002, Summer 010, and Winter 230)*

Semester:	Year:	Credit Hours^:			
Student Name Student UK ID		Internship Site Name Site Supervisor's Name			
Email		Email			
Phone #		Phone#			
Faculty Sponsor's Name		Internship Address			
Starting		Total Number of			
Date Ending Date		Weeks Average Hours			
	s you will be performing at your interi	Per Week			
		•			
List your learning objectives:					
To the Site Supervisor: Thank you very much for agreeing to provide an internship opportunity to this student. Please confirm the number of hours the student will spend at your organization and verify some of the duties that the student will be performing.					
Please note that the internship coordinator and/or the 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 na	me: S	Site Supervisor's signature:			
Date:					

^{*}should be typed

^{^ 3} hours per week per 1 credit hour

Specify the assignments, due your faculty sponsor.	dates, and needed re	quirements to receive a passing gr	rade agreed upon with
Describe the method and free the duration of your internsh		ou will communicate with your fac	culty sponsor during
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 supervisors want one copy, make sure to give them a copy as well.
- As you learned from the online survey, you are required to complete the end-of semester, short questionnaire to receive your final course grade. The questionnaire and its due date are posted on the course Canvas page.

Form: Revised 2/2025