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

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

Semester:	Year:	Credit Hours^:		
Student	Internship Site			
Name	Name			
Student UK	Site Supervisor's			
ID	Name			
Email	Email			
Phone #	Phone#			
Faculty	Internship			
Sponsor's	Address			
Name				
Starting	Total Number of			
Date	Weeks			
Ending Date	Average Hours			
	Per Week			
Describe what duties you will be pe				
List your learning objectives:				
To the Site Supervisor:				
Thank you very much for agreeing	to provide an internship opportunity to this studen irs the student will spend at your organization and	at. I verify some of the duties that the student will		
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 name:	Site Supervisor's signatur	re:		
D .				

^{*}should be typed

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

your faculty sponsor.	e dates, and needed re	quirements to receive a passing g	rade agreed upon with
Describe the method and fro the duration of your interns		u will communicate with your fa	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 9/2024