

## LEARNING CONTRACT

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

|                   |       |                |
|-------------------|-------|----------------|
| Semester/Session: | Year: | Credit Hours*: |
|-------------------|-------|----------------|

|                        |  |                        |  |
|------------------------|--|------------------------|--|
| Student Name           |  | Internship Site Name   |  |
| Student UK ID          |  | Site Supervisor's Name |  |
| Email                  |  | Email**                |  |
| Phone #                |  | Phone #                |  |
| Faculty Sponsor's Name |  | Internship Address     |  |
| Starting Date          |  | Total Number of Weeks  |  |
| Ending Date            |  | Average Hours per Week |  |

\*3 hours per week per 1 credit hour

\*\*Make sure it is ACCURATE

**1. Describe your responsibilities at your internship site:**

**2. List your learning objectives (include at least 3):**

**3. Faculty Sponsor: Please specify assignments, any other requirements such as meetings, and due dates.**

**Grading Criteria**

| Assignments/Meetings | Due Date |
|----------------------|----------|
|                      |          |
|                      |          |
|                      |          |
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|                      |          |
|                      |          |

Note: To pass PSY 399, you must complete all assignments/meetings by their due dates in addition to completing other course requirements (below).

**Other Course Requirements:**

- You must type the contract. The hand-written one will be rejected.
- Send your complete and signed PSY 399 learning contract to Dr. Karyn McKenzie (karyn.mckenzie@uky.edu) by the day before the last day to add a course.
- If your site supervisors want a copy, make sure to give them a copy as well.

**4. Signatures and Dates:**

|                               |  |      |  |
|-------------------------------|--|------|--|
| Faculty Signature             |  | Date |  |
| Student Signature             |  | Date |  |
| Site Supervisor^<br>Signature |  | Date |  |

**^ 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.