

PSYCHOLOGY DEPARTMENT - CAL STATE FULLERTON
HUMANITIES 830M

Site Supervisor Approval Form

PLEASE ASK YOUR SITE SUPERVISOR TO SIGN. RETURN IT TO YOUR INSTRUCTOR.

Student ID #: _____ Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ Zip: _____

Phone: (____) _____ - _____ Alternate Phone: (____) _____ - _____

E-mail Address: _____ (please print clearly)

Class Level: Junior _____ Senior _____ Graduation Date: _____

Gender: _____

Race/Ethnicity: _____

Name of 495 Internship Class Instructor: _____

SEMESTER (circle one): SPR SUM FALL JAN

By signing this document, I agree to supervise and train this student throughout the Field Practicum course undertaken during the time specified above. I will also evaluate the student during the course.

NAME: _____ (please print)

SIGNATURE: _____ DATE: _____

ORGANIZATION: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

CITY & ZIP: _____

The University provides general and professional liability insurance for all students participating in off-campus learning activities that are unpaid. This coverage is dependent on the execution of a learning activity placement agreement between the host organization and the university. Sites that have not obtained such an agreement must complete the registration process on Titan Connection.

For more information, contact the CICE at (657) 278-3746.

THANK YOU FOR YOUR PARTICIPATION. STUDENTS SHOULD RETURN THIS FORM TO THEIR INSTRUCTOR.