PSY 1900 Supervised Field Placement Learning Agreement

(Enrollment restricted to Psychology majors)

Students must complete this form with their site supervisor before gaining the permission number to register for PSY 1900 credit.

Please read the following directions on how to process this form:

- 1. Complete this Learning Agreement in collaboration with your site supervisor and obtain their signature.
- 2. Email the completed contract along with a copy of your academic advisement report (AAR) to psyadvis@pitt.edu to obtain a permission number.
- 3. Enroll in PSY 1900 through your Student Center via the my.pitt.edu portal. You must register for this course in order to receive credit.

| Student Information | | | | | | |
|---|--|---|--|--|--|--|
| Student name: | PeopleSoft number: | Pitt email: | | | | |
| Site/Supervisor Information | | | | | | |
| Site supervisor: | Phone: _ | | | | | |
| Agency: | Email: _ | | | | | |
| Mailing address: | | | | | | |
| | Additional Supervisors (if applical | ble): | | | | |
| If others will also be involved in student supervision, please complete this section. | | | | | | |
| Additional supervisor name: | | | | | | |
| Credit Information: | | | | | | |
| Term (i.e., Fall 2023): | 0.000.0.0000 | | | | | |
| Number of Credits (1-3): (1 credit = 55 hours/2 credits = 85 hours/3 credits = 120 hours) | | | | | | |
| Have you completed an internship at this site in the past?NO YES If yes, which term? | | | | | | |
| are begun. Hours completed counted in hours completed for Credit hours are determined by Supervised Field Placement | for PSY 1900 during the semester in who prior to the registered semester will be of or credit. By the number of hours the student succ Suidelines for more details. | nich the Supervised Field Placement hours considered volunteer hours and are not to be cessfully completes at the site. See the maximum of 6 credits may be earned at any | | | | |
| | Supervision: | | | | | |
| Supervisor: Describe the extent of y | our supervision, including frequency of | meetings and method of evaluation: | | | | |
| | | | | | | |

UPDATED: 7/2025

| Frequency: | | | | | | |
|--|---------------------------------|--|--|-----------------------------------|--|--|
| | weekly | | | | | |
| | bi-weekly | | | | | |
| | monthly | | | | | |
| | other: | · · · · · · · · · · · · · · · · · · · | | | | |
| Site supervisor | rs will verify that studer | nts have completed the re | quired hours at the end of the t | erm. | | |
| | | Pre-requisite Wai | ver (if applicable): | | | |
| | | ne student verifies the dep hology (including current | partment requirements for PSY term) have been met. | 1900 (<u>minimum</u> overall GPA | | |
| Site supervise initialing belo | | s have NOT been met, th | ne faculty supervisor may wa | ive requirement(s) by | | |
| *The student h | nas <u>not</u> met the followir | ng prerequisite(s) (<u>superv</u> | risor check and initial all that | apply): | | |
| | □ Overall GPA of 2.75 | | | | | |
| | | ed 12 credits of psycholog | у | | | |
| | | Student Responsibilities | and Evaluation Criteria: | | | |
| | | | | | | |
| Supervisor: [| Describe what the stude | ent will do, who the stude | nt will work with, how the stude | nt will be evaluated, etc. | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | Student and Supe | rvisor Signatures: | | | |
| Student: (Plea | ase initial each item and | d sign below.) My signatu | re indicates that I agree to: | | | |
| | Fulfill the in | ternship hours and duties | listed above | | | |
| | Submit a m | id-term and end-of-term e | evaluation and required journals | s to CourseWeb by the | | |
| | published s | emester deadline. | | | | |
| | | | | | | |
| Student Signa | | Turno | name if not able to sign | | | |
| Student Signa | ature | туре | name if not able to sign | | | |
| | | | | | | |
| | | | ection/feedback to this student | | | |
| end-of-term de | | ibmit nours verilication/ev | aluations to the Psychology Adv | rising Office by the requested | | |
| Site Supervis | or Signature (Must be | signed by the supervisor | responsible for the site.) | | | |
| | | | | | | |
| Registration Authorization (Advising Office use only): | | | | | | |
| | | | | | | |
| Develope A | dvisor Signature | Date | Class Number | Permission Number | | |

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