

### **PSYC 595B Specific Internship Responsibilities Agreement**

The signed original must be returned to the Faculty Supervisor before the student will be allowed to begin his or her clinical work. In addition, the intern should keep a copy for his or her records and should also provide a copy for the Site Supervisor.

Agency: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Site Supervisor's name and title: \_\_\_\_\_

Site Supervisor's phone #: \_\_\_\_\_

Description of the agency's services (alternatively, attach relevant descriptive material):

Description of the student's responsibilities and activities:

# of internship credits:

Intended work schedule:

Plans for required supervision:

I have read and agree to the above.

\_\_\_\_\_  
Signature of student Date

\_\_\_\_\_  
Signature of Site Supervisor Date

\_\_\_\_\_  
Approval of Instructor Date