Practicum Independent Study Approval Form (PSY 4030 – 3 credit hours)
DEPARTMENT OF PSYCHOLOGY
WRIGHT STATE UNIVERSITY

Please give this "Practicum" white form and a green Registration Slip to Dr. Schneider for signature.

Assignments must be completed prior to Final's Week.

Registration Information:
Year _______ Semester: Fall ☐ Spring ☐ Summer A ☐ B ☐ C ☐

General Information: The Practicum Independent Study Program provides opportunity for psychology majors with advanced standing to be exposed to a real-life work environment to gain valuable experience relevant to their program of study. Typically, students will have completed a core course in the general topic area, PSY 3010 and 3020. It is the responsibility of the student to find a volunteer site that fits into his/her academic program. Some relevant fields of study in psychology may include human factors, health psychology, human services, industrial/organizational psychology, and social psychology. Students may work at local agencies, private organizations, local government, hospitals, government laboratories, business, or industries. The Practicum Course can be taken twice for credit.

Instructions: This form must be completed and signed by the student; the practicum site supervisor; and lastly by Dr. Tamera Schneider, the Practicum Faculty Supervisor for the Department of Psychology at Wright State University.

Please return this completed Practicum Form and a green Registration Form to Dr. Tamera Schneider for signature before you register for the course. The Practicum is a pass/unsatisfactory grade.

Student Information:
Student Name (PRINT): ___________________________ UID: ___________________________
Email: ___________________________ PH #: ___________________________
Student Signature: ___________________________ Date: ___________________________

Describe Practicum Activities: ____________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Practicum Site Supervisor Only: ___________________________ Date: ___________________________
Organization: ___________________________ Phone No.: ___________________________
Supervisor Name (PRINT): ___________________________
Supervisor Signature: ___________________________

PSY Office Use Only: Dr. Tamera Schneider, Practicum Faculty Supervisor
Date: ___________________________
Signature: ___________________________

Revised 06/14/2012
Psychology Undergraduate Program Office (PUP Office)