



Psychology Department | West Chester University | Wayne 5th Floor
West Chester, Pennsylvania 19383 | 610-436-2945 | fax: 610-436-2526
www.wcupa.edu/psych

Psy441/Psy442 Field Experience Attestation

Student Information

Name _____ ID No. _____
Local Mailing Address _____
WCU Email address _____ Phone Number _____

Field Placement Site:

Agency Name _____
Name of Supervisor: _____

Course Registration information:

Student will earn _____ 130 hours (PSY441 Field Experience I) **OR** _____ 260 hours (PSY441 Field Experience I and PSY442 Field Experience II).

Start date _____ End date _____

Brief description of client/patient/customer/population student will work with:

Brief description of student’s expected duties and responsibilities:

By signing below, the student agrees to keep appropriate records and meet all academic requirements as outlined in the course syllabus.

If problems arise on site concerning the student’s performance, or any other aspect of the field experience, the Student and the Field Experience Supervisor should attempt to resolve the issue on site. If the two parties cannot arrive at a resolution, the student should contact the Academic Supervisor (610) 436-2945.

Signatures:

Student

Date

Faculty Instructor

Date

West Chester University of Pennsylvania is a member of the State System of Higher Education