

**University of Illinois at Springfield
Department of Psychology**

Applied Study Term Contract

Student Information

Student Name: _____ UIN: _____

Address: _____ Phone Number: _____

_____ E-mail: _____

Major Adviser: _____

Proposed Applied Study Term Placement or Project Information

Placement Site: _____

Address: _____ City, State, Zip _____

Placement activities _____ will _____ will not be directly related to psychology.
[check one]

Major Learning Activities and Responsibilities:

Briefly indicate what knowledge and/or skills you hope to develop by completing an AST placement at this site:

Length of Placement: _____ to _____ for _____
credit hours. [beginning date] [ending date]

Number of hours per week on-site: _____

Field Supervision

On-Site Field Supervisor's Name: _____

Degree & Job Title: _____ Phone Number: _____

Number of hours per week of scheduled face-to-face supervision by field supervisor:

Statement of Responsibility

I agree (1) to abide by the policies, terms, and conditions of the Applied Study Term Program, (2) to fulfill all duties and responsibilities specified in the AST learning contract, and (3) to contact my UIS major adviser immediately in the event placement-related problems, concerns, or difficulties arise. I further agree to complete and submit a placement evaluation questionnaire to the Psychology Department, at the mid-point and end of the semester, in order to provide feedback regarding the quality of my placement experience.

Student's Signature

Date

**** Please attach a copy of the signed AST Release form before submitting this application to your psychology adviser.**

Application reviewed by the Psychology Department Faculty on _____

_____ Approved _____ Not Approved for the following reason(s): _____

