

Southwest Minnesota State University
Psychology Program

Proposal for Field Experience at Place of Employment

Student Name:

Student Phone Number:

Agency Name:

Agency Address:

City:

State:

Zip:

Employment Supervisor:

Employment Supervisor Phone:

Employment Supervisor Email:

Proposed Field Supervisor:

Proposed Field Supervisor Phone:

Proposed Field Supervisor Email:

List current employment responsibilities including tasks and activities:

List proposed field placement responsibilities including tasks and activities (please note these activities should be different from your employment roles and focus on learning new skills):

List your hours of employment and field placement for each day – this MUST be specific:

Proposed Field Placement Start Date:

Proposed Field Placement End Date:

Regular Work Hours	Field Experience Hours
Monday:	Monday:
Tuesday:	Tuesday:
Wednesday:	Wednesday:
Thursday:	Thursday:
Friday:	Friday:

Student Signature:

Date:

Employment Supervisor Signature:

Date:

Proposed Field Supervisor Signature:

Date:

Faculty Internship Coordinator Signature:

Date: