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

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