PSYC 491, Field Experience in Psychology
Request for Placement Approval

Use this form to request approval of a placement that is not in the list of available sites for PSYC 491. Submit this form to Dr. Fiske by placing it in her mailbox in the Psychology Department main office (room 1124 LSB) or by sending the information requested below in an e-mail message to: Amy.Fiske@mail.wvu.edu

Date submitted: ____________________
Your name:_______________________ e-mail address:____________@mix.wvu.edu
Name of organization: __________________________
Location of organization: __________________________
Brief description of the goals of the organization: __________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
Brief description of the activities you would engage in during this placement:
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
Would you be working with children (under age 18)? _____ yes _____ no
Name of the person who would supervise you: ________________________________
Their position in the organization: ________________________________
Their contact information (telephone number and e-mail address):
Description of their educational background and training (degrees earned, licenses held, etc.):
______________________________________________________________________________________________
______________________________________________________________________________________________
Have they agreed to provide supervision for you during the placement at least once per week?
 _____ yes ______ no ______ Other:
Feel free to include any other relevant information.