

DEPARTMENTAL APPROVAL FOR PSY 592 PSYCHOLOGY PRACTICUM

NAME _____

NMU-IN _____

EMAIL ADDRESS _____

PHONE _____

YEAR _____ SEMESTER _____

CREDIT HOURS _____

DESCRIPTION OF ACTIVITY:

Signature of Student

Advisor _____

Signature of Academic Advisor

Supervisor _____

Signature of Supervisor

Affiliation _____

Phone _____

E-Mail _____

Signature of Department Head

Date

THIS FORM IS TO BE RETURNED TO THE DEPARTMENT OF PSYCHOLOGICAL SCIENCE.

08/2021