

**UNB GRADUATE PROGRAM IN EXPERIMENTAL PSYCHOLOGY**

**Learning Contract**

*To be submitted to the Experimental Program Director at the start of the practicum*

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| **Student Name:** | **Primary Supervisor:** |
| **Practicum Coordinator:** | **Site Location:** |
| **Description of Learning Goals (e.g., focus, skills, outcomes):** | |
| **Primary Supervisor’s Role:** | |
| **Additional Comments:** | |

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This form should be scanned and sent to the Director of the Experimental Psychology Program.**