

**UNB GRADUATE PROGRAM IN EXPERIMENTAL PSYCHOLOGY**

**Learning Contract**

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

|  |  |
| --- | --- |
| **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.**