UMASS LOWELL COMMUNITY PSYCHOLOGY MASTER’S PROGRAM
PRACTICUM PLACEMENT REQUESTS

AGENCY NAME & ADDRESS:

CONTACT PERSON/POSITION:

PHONE/E-mail/FAX:

DESCRIPTION OF PROGRAM, AGENCY & CONSTITUENCY OR CLIENT GROUP/S

POTENTIAL PRACTICUM PROJECT/S (OK to list multiple projects & tentative descriptions are fine):

POTENTIAL SUPERVISOR/S & ROLE/POSITION:

STUDENT SKILLS:
Skills student would likely learn:

Skills you would like student to already have:

OTHER QUESTIONS/CONCERNS (for example, schedule constraints, confidentiality issues, or special resources):

Return forms to Dr. Meg A. Bond, Psychology Dept, University of Massachusetts, 870 Broadway, #1, Lowell, MA 01854; FAX: 978-934-3074; ph: 978-934-3971; e-mail: Meg_Bond@uml.edu