



**UNC CHARLOTTE**  
**Health Psychology Ph.D. Program**  
**Practicum Site Student Placement Form**  
**General Concentration/Program**

Student Name: \_\_\_\_\_

Practicum Site: \_\_\_\_\_

Primary Supervisor: \_\_\_\_\_

Dates of Placement:

From \_\_\_\_\_ to \_\_\_\_\_

Please briefly describe the duties the student will be performing:

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Please describe the method of supervision:

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Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director's signature: \_\_\_\_\_ Date: \_\_\_\_\_