

Supervision Contract

Student's Name:

Date:

Advisor:

Desired Supervision Option: Option 1 Option 2 Option 3 (must attach proposal)

Proposed Semester/Year of Supervision:

Student's current knowledge, skills, and experiences relative to supervision

Student's goals for learning during supervision

Activities that must be completed (if any) prior to supervision (e.g., coursework, practicum)

Signatures of Approval

Student	
Advisor	
Curriculum Committee Chair	

Proposal for Option 3

Student's Name:

Date:

Advisor:

Activities	Hours	Timeline
List of readings to be completed		
Process for integrating what was learned from the readings (e.g., series of discussions with advisor, written paper, reflections)		
List any supplemental activities that will be completed		
Description of semester long supervision experience		

Note. Activities must total 300 hours

Signatures of Approval

Student	
Advisor	
Curriculum Committee Chair	