**Practicum Student**

**Unpaid Intern Human Resource Data Form**

**Return to the Student Coordinator at:** **psychsec@yale.edu**

**Supervised by:**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- |
| Practicum Student : |  |
| Last Name |
| First Name |
| Gender |
| Social Security Number |
| Birth Date  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Home ADDRESS |  |  |  |
| Line 1 |  |
| Line 2 |  |
| Citv |  |
| State |  |
| Zip Code |  |
| Telephone |  |  |

|  |  |  |
| --- | --- | --- |
| ASSIGNMENT form |  |  |
| **Job & Position** | **INTERN:**Research/Educational Collaborator |  |
| Term Start Date |  |  |  |  |
| Term End Date |  |  |  |  |