

**Industrial-Organizational Psychology
Department of Psychology
University of Connecticut**

Field Research Approval Form

Please fill out form separately for each activity used to fulfill the requirement.

Name: _____

Date: _____

Date MA completed: _____

Sponsor (and location, if needed): _____

Time period: _____

Supervisor: _____

(If external, contact information and credentials): _____

Description of likely training opportunities, including their developmental relevance to student's progress:

Advisor: _____
[printed name] [signature] [date]

Committee Member: _____
[printed name] [signature] [date]

Committee Member: _____
[printed name] [signature] [date]

Division Head: _____
[printed name] [signature] [date]