**Practicum Student**

**Unpaid Intern Human Resource Data Form**

**Return to the Student Coordinator at:** [**psychsec@yale.edu**](mailto: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 | |  |  |  |  | |