

Psychology Field Study Workshop Record Sheet

To receive credit, please present this sheet for the workshop leader to sign off. *Please turn in this sheet or scan and email to the Field Study Coordinator, grblack@ucsc.edu, before the last day of instruction.*

Student Name _____ **Quarter** _____

Workshop #1

Title : _____

Date : _____

Location : _____

Workshop Leader Signature _____

Workshop #2

Title : _____

Date : _____

Location : _____

Workshop Leader Signature _____

Student Signature _____ **Date** _____