



**CLINICAL NEUROPSYCHOLOGY**  
SECTION  
**NEUROPSYCHOLOGIE CLINIQUE**

## **CPA Clinical Neuropsychology Section Student Research Award 2026-2027**

### **Supervisor Agreement Form**

The signature on this document confirms that:

1. The trainee will complete this work under the supervision of the supervisor listed below.
2. I, the supervisor, have reviewed and approved the research proposal.
3. The supervisor believes that the trainee has the necessary skills to complete the project successfully.
4. The supervisor agrees to oversee the administration of the research award funds.

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Date

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Date

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Trainee First and Last Name

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Supervisor First and Last Name

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Trainee Signature

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Supervisor Signature