

**REQUEST FOR ADDITIONAL PAID/UNPAID PRACTICUM SITE APPROVAL HOURS
TO EXCEED 20 HOUR PER WEEK WORK LOAD ASSIGNMENT
CLINICAL PSYCHOLOGY DOCTORAL PROGRAM**

PLEASE TYPE YOUR RESPONSES

*Please complete the information below. Submit an **e-copy** of this form to your training director.*

Student Name _____ Year in Program: _____
Current GPA: _____

Status of PSY 6000 or 7000 research project: _____

Status of Qualifying Exam: _____

Status of Dissertation: _____

Current Academic Standing (please consult with your academic advisor for current status)

Academic Achievement:

Exceeds expectations	Meets expectations	Needs Improvement	Unsatisfactory	N/A
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Development of Clinical Skills (therapy and assessment):

Exceeds expectations	Meets expectations	Needs Improvement	Unsatisfactory	N/A
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Development of Research Skills:

Exceeds expectations	Meets expectations	Needs Improvement	Unsatisfactory	N/A
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Development of Teaching Skills:

Exceeds expectations	Meets expectations	Needs Improvement	Unsatisfactory	N/A
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Professional & Ethical Behavior:

Exceeds expectations	Meets expectations	Needs Improvement	Unsatisfactory	N/A
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Rate of progress in completing program requirements:

Exceeds expectations	Meets expectations	Needs Improvement	Unsatisfactory	N/A
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Current graduate assistantship(s): _____

Number of hours per week currently working as an RA or TA _____

Please list all practicum sites that you are **currently** enrolled in: Give the name, number of hour per week, whether the placement is paid or unpaid. Please include Psychology Clinic: 5311, 5312, or 5002. Hours should include all hours at that site including client contact, supervision, and paperwork

NAME OF SITE	HOURS	PAID/UNPAID
_____	_____	_____
_____	_____	_____
_____	_____	_____

NAME OF NEW PRACTICUM SITE YOU WANT TO ADD: _____

Number of hours per week: _____ Paid/Unpaid: _____

Time period requested (start date/end date) _____ Supervisor _____

In the space below, please indicate your reasons for wanting to add this practicum placement. It is important that we know your justification for exceeding the 20 hour per week work load set by the department. Each request will be evaluated on a case by case basis.

Signature of Advisor (Your signature below indicates support of this student's request):

Signature

Date

☐ APPROVED ☐ NOT APPROVED

DCT Signature

Date

Notes: