

**PETITION FOR ADDITIONAL PAID/UNPAID PRACTICUM SITE HOURS TO
EXCEED CURRENT 10 HOUR PER WEEK EXTERNAL PRACTICUM PLACEMENT
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 Thesis: _____

Status of Qualifying Exam: _____

Status of Dissertation: _____

Current Academic Standing (based on most recent end-of-semester evaluation)
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 will be enrolled in during the petition time frame: Give the name, number of hour per week, whether the placement is paid or unpaid. Please include Psychology Clinic: 5311, 5314, 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. 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: