

**University of Georgia  
Clinical Psychology Program  
Request for Enrollment in External Practicum**

<b>Student Information</b>			
Name			
Major Professor			
Year in Program (current)			
# of sem. Psyc 8500 completed With UGA supervisor (excluding summers)			
Cumulative Clinical Hours to Date (see <a href="http://www.appic.org/AAPI">http://www.appic.org/AAPI</a> )	Intervention	Assessment	Supervision
Enrollment in Academic Courses (i.e., excluding research and practicum hours) during externship			
UGA Assistantship during externship (if known)			
Other <u>Clinical</u> commitments during externship			
Program Requirements			
Details regarding status of thesis/dissertation (i.e., provide dates of anticipated/actual proposal, defense, etc.)			
Courses remaining to be taken			
Written Comp Exam			
Anticipated Internship Year			

<b>Externship Information</b>	
Site/Agency	
Supervisor Name, Title, GA License #	
Supervisor Telephone/e-mail	
Supervisor Mailing Address:	
Nature of Training Experience (Work to be performed, populations served, etc.)	
Training Goals	
Number of Hours/Week	
Days of week to be at externship (if known) (e.g., Mon. & Fri.)	
Externship Start Date	
Externship End Date	

Please include here any additional information you believe to be relevant to this request.

### Signature of Student

Name (printed)	
Signature	
Date	

### Signature of Major Professor

The student's major professor must review this application prior to its consideration by the full clinical faculty. The major professor may either support the application as is or may suggest modifications or conditions.

Name (printed)	
Signature	
Date	
	<input type="checkbox"/> Support application as is
	<input type="checkbox"/> Support with modifications/conditions as follows:
	<input type="checkbox"/> Do Not Support

### Approval of Clinical Psychology Faculty

The program faculty reviewed this application on \_\_\_\_\_ and took the following action:

	Approved the application as presented. Substantive changes made without re-review by the faculty or Associate DCT will nullify this approval.
	Approved the application contingent upon the following conditions/changes:
	Denied approval due to:
Date:	Associate DCT signature: