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

## Student Information

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<th>Intervention</th>
<th>Assessment</th>
<th>Supervision</th>
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- **Name**
- **Major Professor**
- **Year in Program (current)**
- **# of sem. Psyc 8500 completed**
- **With UGA supervisor (excluding summers)**
- **Cumulative Clinical Hours to Date (see http://www.appic.org/AAPI)**
- **Enrollment in Academic Courses (i.e., excluding research and practicum hours) during externship**
- **UGA Assistantship during externship (if known)**
- **Other Clinical 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**

## Externship Information

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- **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

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### 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.

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- [ ] Support application as is
- [ ] Support with modifications/conditions as follows:
- [ ] 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: |