**“Extra” Practicum Plan & Permission**

**Please fill out this form if you are completing a 501 placement or additional hours in a 505 or 603 placement.**

**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **STUDENT #:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All individuals signing this form agree that it is okay for student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to do “extra” practicum time (which is not a requirement of the program). The student may only do these “extra” hours with the permission of their research supervisor and the Practicum Placement Coordinator. If the student’s research supervisor is not a Clinical Psychology Faculty member then their Clinical Training Advisor should also be included. To make sure that everyone is in agreement and there are no misunderstandings, the following form should be reviewed, signed and kept on student’s Clinical Psychology File.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is being given permission to (check the appropriate option):

\_\_\_\_\_\_\_\_\_ Do extra practicum hours as part of their 603 practicum (final required practicum).

\_\_\_\_\_\_\_\_\_ Do extra practicum hours in the form of a 501 practicum (extra practicum, *must* consult with supervisor, practicum coordinator, and DCT).

\_\_\_\_\_\_\_\_\_ Do extended hours in 505 (to be completed before 603 begins)

Details (include site, time frame and predicted # of extra hours): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**NOTE:** As part of providing permission for these extra practicum hours, it has been determined that this extra practicum option will not delay the student’s progression through the program (e.g., planned internship application, completion of courses), will not impair the student’s ability to work on their dissertation, and will not prevent another student from having a regular practicum spot.

**I have reviewed and agree to the above arrangement.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student name Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Research supervisor Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Clinical Training Advisor** (if applicable) **Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Practicum Coordinator Signature Date**