

REQUEST FOR PERMISSION TO APPLY FOR INTERNSHIP

Name (please print) _____ Date _____ / _____ / _____
DD MM YY

1. Coursework (check one)

_____ I have completed all required Department and Program course work.¹

_____ I have not completed all required Department and Program course work. My plans for doing so are as follows (please indicate courses in question):

2. Candidacy Examination (check one)

_____ I passed my candidacy examination in _____ / _____.
MM YY

_____ I have not passed my candidacy examination. My plans for doing so are as follows:

3. Status of Ph.D. thesis:

Date Completed (or Expected):

Thesis proposal approved

Data collected

Data analyzed

Draft of thesis

Thesis defended

- I have completed the following practicum hours as of November 15, (the hours listed below should be identical to the hours listed in Section 3 of the AAPI, item 5):

Total Therapy Hours:

Total Support Hours:

Total Additional Experience Hours: _____

Total Supervision Hours:

I anticipate that I will accrue a total of _____ additional supervised practicum hours prior to internship.

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Internship Permission

5. Please describe any awards, achievements, or experiences not documented in your

file that you believe the Director of Clinical Training should be aware of for purposes of a reference letter.

6. Please submit a copy of your completed updated CV that you will be forwarding to prospective internship sites.
7. Please submit an updated copy of your student history (order from Student Records, 4th Flr, Univ Ctr at no cost to yourself - the history will be mailed directly to the Psychology Graduate Office).
8. List of Committee Member's names:

I hereby request permission from the Clinical Program faculty to apply for internship.

Student Signature

I have reviewed the above information and support his request.

Advisor's Signature

¹Including Profession of Clinical Psychology (17.807)