

# REQUEST FOR APPROVAL OF REGISTRATION IN PSYC 4510 PRACTICUM

**Instructions:** (1) Attach an unofficial transcript. (2) Complete the information below. (3) Sign and date the form in the spaces provided. (4) Take this form to the appropriate faculty sponsor for signature approval. (5) Forms will be processed the week before classes begin. Any forms turned in after the census date cannot be accepted. *(The purpose of this form is to check students' eligibility for external practicum, identify their practicum placements, verify arrangements with external sites, and gather information that may be needed from external supervisors.)*

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Check semester for PSYC 4510: \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer      Year \_\_\_\_\_

Planned start date: \_\_\_\_\_ Planned end date: \_\_\_\_\_

Faculty sponsor's approval for \_\_\_\_\_ semester hours for registration.

\* \* \* \* \*

Completed \_\_\_\_\_ semester hours in psychology major

GPA in psychology major \_\_\_\_\_ Overall GPA \_\_\_\_\_

Planned external practicum site:

Site: \_\_\_\_\_  
(print)

Address: \_\_\_\_\_  
(print)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(print)

Contact information for supervising psychologist at planned site: (please print)

Name: \_\_\_\_\_ Degree: \_\_\_\_\_  
(print)

Phone: \_\_\_\_\_

**BRIEF DESCRIPTION OF PROPOSED PRACTICUM ASSIGNMENT(S):**

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Student's Eaglemail (**must use Eaglemail**)

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Student Signature

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ID #

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Date

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Faculty Sponsor (Printed Name)

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Date

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Faculty Signature

<p><b><u>Dept Use Only</u></b> Class Number: Expiration: Added: Emailed:</p>
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