

## Field Practicum Application Approval Form

Name \_\_\_\_\_

Date \_\_\_\_\_

Prior to contacting any potential field practicum site, the student must be reviewed and specifically approved for practicum by the clinical faculty. Please complete this form and give it to the field practicum coordinator. Please do so no later than October 1 for a spring practicum, March 1 for a summer practicum and April 15 for a fall practicum. When you have submitted this form, your application will be reviewed by the clinical faculty within the next month. The field practicum coordinator will inform you of the decision of the clinical faculty. **Note:** this approval does not guarantee placement at a specific practicum site or for a specific semester.

### Background Information:

Semester and year you entered the program? \_\_\_\_\_

Number of clinical program hours completed? Required: \_\_\_\_\_ Electives: \_\_\_\_\_

Number of clinical program hours in which you are currently enrolled? Required: \_\_\_\_\_ Electives: \_\_\_\_\_

When does your insurance expire? \_\_\_\_\_

Please indicate if you have had the following courses:

Course	Semester Taken (indicate if currently enrolled)	Grade
Psy 6841: Theories of Individual Psychotherapy		
Psy 6020: Theories of Personality		
Psy 6100: Intellectual Assessment		
Psy 6250: Objective Personality Assessment		
Psy 6510: Psychopathology		
Psy 6690: Professional Issues and Roles		
Psy 6801: Interviewing and Intervention		

**To help us plan better, please complete the following:**

When do you prefer to start field practicum (semester and year)? \_\_\_\_\_

Do you have any specific clinical interests (for example, neuropsychology, children)?

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Is there any specific field placement you would prefer? \_\_\_\_\_

Your signature: \_\_\_\_\_

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Approved: Yes No

\_\_\_\_\_  
Coordinator of the Clinical Program

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinical Practicum Coordinator

\_\_\_\_\_  
Date