



STUDENT INFORMATION			
Student Name:		Phone:	
Program:	Ph.D. <input type="checkbox"/>	Psy.D. <input type="checkbox"/>	Type of Placement: Practicum <input type="checkbox"/> Internship <input type="checkbox"/>

I acknowledge that deviating from the policies of the Clinical Training Office may impact my ability to graduate in a timely manner, obtain internship, or become licensed in the future.

STUDENT STATEMENT
<p>I, the undersigned, would like to petition the DCT for an exception to the following existing policy of the Clinical Training Office:</p> <p><input type="checkbox"/> Complete practicum site at current place of employment</p> <ul style="list-style-type: none"> Students must provide a proposal that describes their practicum training experience and how this will differ from their employment responsibilities. <p><input type="checkbox"/> Remain at my existing practicum site for my second year of practicum.</p> <p><input type="checkbox"/> Remain at my existing practicum site for internship</p> <ul style="list-style-type: none"> Please attach written explanation of how this internship training will differ from your practicum level of training increased responsibility, increased independence, etc. If this site is not accredited by APA, APPIC, please attach a written explanation of how this site meets licensure requirements in the state you plan to become licensed. <p><input type="checkbox"/> Other:</p>
<p>The existing policy for which I would like an exception is:</p>
<p>Following this policy would represent a hardship for me because:</p>

Student Signature

Date

<p>Date Proposal Received: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>Notes:</p> <p>_____</p> <p>Director of Clinical Training Date</p>
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**Students: Return completed form to
clinicaltraining@pacifica.edu**