

OFFICE USE ONLY

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

Initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Approved

□ Declined \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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UBC Department of Psychology

Internal Practicum Approval

To be completed and returned to the Practicum/Internship coordinator well in advance of the start of the practicum. Note that practica/internships will not be credited unless approved in advance by the clinical area. You will be notified in writing of this approval.

Date:

Student:

Faculty Supervisor:

Practicum will begin: End:

Practicum is: Full time Part time (Expected hours/wk: )

(If you are planning to combine placements you must present the entire plan for approval.)

Agency (give complete address):

Site Supervisor:

Phone Number: /E -mail:

Is this a paid position? Y / N

Approval may be sought for applications to more than one practicum placement. Please list additional agency names on this form so long as they are all found on the Practicum Support Website. Use a separate Approval Form for any agency not listed on the website.

Student’s signature Faculty Supervisor’s signature