

**PSYCHOLOGY SERVICES CENTER
REQUEST TO EXTEND PRACTICUM PLACEMENT BEYOND SCHEDULED END
DATE**

Student Name _____

Current Practicum Site _____

Practicum Termination Date _____

Purpose of Extension (Ex: Feedback, CCE Case, Clinician Case Transfer)

Number of clients you will be continuing to service (limit 1 -2 clients) _____

Name of direct supervisor who will provide supervision
beyond practicum:

Is this supervisor licensed as a psychologist in the state of Florida? _____

Is this a different supervisor than previously assigned at this site? _____

THIS EXTENSION WILL EXPIRE ON _____.

(Limit of 4 months per extension. If renewal is required, please come to the Clinical Training Office for a new form)

Student Signature Date

Program Director/Supervisor Date

Leonard Schnur, Psy.D. Date
Director of Clinical Services

Approved: Director of Clinical Training Date