

# PETITION TO WORK MORE THAN 16 HOURS PER WEEK

(Clinical Psychology Students)

Must be completed for both paid and volunteer work

Please return completed application to the Director of Clinical Training

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

Year in Program: \_\_\_\_\_

Please indicate how far you are toward completion of program requirements (e.g. thesis defended, comps completed): \_\_\_\_\_

Current Practicum Placement: \_\_\_\_\_

Site for which approval is sought: \_\_\_\_\_

Number of hours per week for which approval is sought: \_\_\_\_\_

Time period for which approval is sought: \_\_\_\_\_

Would this be a paid \_\_\_\_\_ or a volunteer \_\_\_\_\_ experience?

Supervisor(s) at above site: \_\_\_\_\_

How many hours of supervision per week will supervisor conduct?  
\_\_\_\_\_

Please attach a **detailed** description of the nature of your proposed work.

Please attach your rationale for working extra hours.

Please attach a signed letter of support from your major professor.

	Approve	Disapprove	Need more Information
Placement Committee	_____	_____	_____
Director of Clinical Training	_____	_____	_____
Department Associate Chair (for paid positions over 20 hours/week only)	_____	_____	_____