REQUEST FOR EXTENSION OF PRACTICUM/INTERNSHIP HOURS

This request is to be completed by the student if they are (a) extending (working toward completion) their time at their current site after one semester ends or the next semester begins or (b) beginning to accrue hours prior to the start of a new semester.

Student Name: ___________________________________________ Major: ___________________________________________

For Semester/Year: _________________________ _______ Practicum _____ Internship

Field Site: ___________________________________________________________________________________________

Extension Dates: From _________________________ to _________________________

On-Site Supervision will be provided by: __________________________________________________________________

State Days and Times for On-Site Supervision: __________________________________________________________________

Rationale for Request: ________________________________________________________________________________

____________________________________________________________________________________________________

Student Signature Date

____________________________________________________________________________________________________

_____ Approved _____ Conditionally Approved _____ Rejected

____________________________________________________________________________________________________

Program Director Signature Date

____________________________________________________________________________________________________