

**Clinical Psychology Program  
Department of Psychology  
Marquette University**

**Request to Attend Externship/Practicum**

**Students requesting permission to attend a practicum site next year need to complete this form. The form must be discussed with the student's current clinical supervisor AND research mentor, then submitted to the DCT NO LATER than the Monday of Final's Week.**

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

**Site Ranking**

The following are our "usual" sites. Please indicate your preference for a practicum site, ranking 1-3.

- |  |  |
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| <input type="checkbox"/> Aurora Behavioral Health Center (2 days)<br><input type="checkbox"/> Center for Behavioral Medicine (min 10 hours)<br><input type="checkbox"/> Children's Hospital (specify: _____) (2-2½ days)<br><input type="checkbox"/> Cornerstone Counseling - Adult (1-2 days)<br><input type="checkbox"/> Froedtert Hospital - Hand Clinic (1 day)<br><input type="checkbox"/> Froedtert Hospital - Health (2-2½ days)<br><input type="checkbox"/> Froedtert Hospital - Neuro (Adult) (1 ½-2 ½ days, 2 ½ preferred)<br><input type="checkbox"/> Froedtert Hospital - Neuro (PINT & Child) (1 day)<br><input type="checkbox"/> Integrated Developmental Services (1-1½ days) | <input type="checkbox"/> MU Counseling Center (20 hours)<br><input type="checkbox"/> Milwaukee County Behavioral Health (1-2½ days)<br><input type="checkbox"/> Milwaukee Secure Detention Facility (flexible)<br><input type="checkbox"/> St. Luke's Medical Center - Neuro (1½-2 days)<br><input type="checkbox"/> UCC - Human Services (1-2 days)<br><input type="checkbox"/> Waukesha Memorial Hospital - Adult Neuro (1½ days)<br><input type="checkbox"/> Waukesha Memorial Hospital - Child Neuro (1½ days)<br><input type="checkbox"/> Zablocki VA (specify: _____) (1½-2 days)<br><input type="checkbox"/> Other: _____ |
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**Summary of Practica Experience to Date**

Date (Begin/End)	Site	Supervisor	Patient Contact Hours	Total Hours

**Co-Signatures of Clinical Supervisor AND Research Mentor**

You are required to discuss this application with your current clinical supervisor AND research mentor, who must sign this request to indicate that he/she agrees that you are prepared for the externships for which you ranked. ***Your clinical supervisor is confirming that your clinical skills are appropriate for the sites chosen, whereas you research mentor is confirming that you can juggle the time commitment required for your chosen sites while keeping up with your required research projects.***

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Clinical Supervisor Signature

\_\_\_\_\_  
Research Mentor Signature