

**Department of Counseling & Student Affairs
Clinical Mental Health / Marriage, Couple, & Family
Plan of Action for Course Completion**

**Student Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | WKU ID (800#) |  |
| Address |  | City, State, Zip |  |
| Home Phone |  | Cell Phone |  |
| Topper Email |  | Other Email |  |
| Program |  | Faculty Advisor |  |

**Current Clinical Term Information**

|  |  |
| --- | --- |
| Site Name |  |
| Site Supervisor |  | Faculty Supervisor |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Currently enrolled in: | [ ]  | Practicum |[ ]  Internship 1st semester |[ ]  Internship 2nd semester |

**Describe your reasons for seeking an Incomplete**

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**Describe your intentions for finishing the course**

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|  |

**Describe how you will follow through with your Site Supervisor**

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Upon submitting this form, I understand the following:

1. I must send this form electronically to my faculty supervisor/instructor while also providing a copy to my Clinical Coordinator.
2. I must schedule and meet with my Faculty Supervisor/Instructor to discuss my request.
3. My Faculty Supervisor/Instructor is not required to accept the terms for an Incomplete. In such cases, I will be assigned a grade for my completed work.
4. If I am granted an Incomplete for Practicum, I may not enroll in internship during the following semester. If I am granted an Incomplete for the first semester of internship I may not enroll in the second semester of Internship. Clock hours accrued in any given course cannot be applied to the next course in the sequence. All work must be completed in any given Practicum or Internship course in order to enroll in the subsequent course.

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|  |  |  |
| Student Signature |  | Date |
|  |  |  |
| Faculty Supervisor Signature |  | Date |
|  |  |  |
| Clinical Coordinator Signature |  | Date |
|  |  |  |
| Department Head Signature |  | Date |