

**Department of Counseling & Student Affairs  
Clinical Mental Health / Marriage, Couple, & Family  
Petition for Change in Practicum or Internship**

**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 |

There are several reasons why students may seek to change their practicum or internship site placement. Examples include but are not limited to the following: (a) not obtaining direct client contact hours; (b) not obtaining specific hours needed with special populations (e.g., children, adolescents, addictions, etc.); or (c) difficulty with supervision hours.

**Describe your reasons for seeking a change in your practicum or internship site.**Include dates and specific examples; cutting and pasting from the above examples is not acceptable.

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**Have you spoken to your Site Supervisor about this? If so, when and what was discussed?**

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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. My Faculty Supervisor/Instructor is not required to accept the terms for a site change.
3. Additional documentation will be necessary in order for a new site and Site Supervisor to be approved.

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| --- | --- | --- |
|  |  |  |
| Student Signature |  | Date |
|  |  |  |
| Faculty Supervisor Signature |  | Date |
|  |  |  |
| Clinical Coordinator Signature |  | Date |