

Request to Modify Clinical Practicum Sequence in Communication Disorders

Student Name (please print): _____ Date _____

I am requesting a modification which involves a change in my clinical practicum sequence.

- I am requesting a change in the start term/year of my practicum sequence per my approved student study plan.

Original Starting Date (term/year): _____

Revised Starting Date (term/year): _____

- I am requesting one or more terms off during the scheduled clinical practicum sequence.

Terms(s): _____

YOU MUST INCLUDE:

- A revised student study plan approved by your academic advisor. Attach a signed copy of the student study plan grid to this form.
- Attach a typed written summary describing the requested change, including the original and proposed clinical practicum sequence as well as the reason for the change.

I am aware that it may not always be possible to approve the modifications I am requesting. I understand that the requested revision(s) may delay completion of the practicum sequence. I understand that approval is dependent upon available openings for any one practicum course for any one term/year.

Student Signature: _____

DECISION:

- Request Approved.**
- Request Denied.**

You may choose to schedule an appointment to further discuss this decision.

Director of Clinical Education

Date