Clinical Psychology Graduate Program

REQUEST FOR HONORARIUM

Supervisor/Trainer Name _____ **Date** _____

Students: Please leave the following lines blank for Clinical Adjunct Faculty.
For everyone else, include just the email address.

Home Address _____

_____

_____

Type of Clinical Placement (select one):

- ◯ Clinical Practicum
- ◯ Program-Sanctioned Clinical Work in a Community-based Health/Social Service Agency

Student Name	Start Date	End Date	Amount (Students: Leave blank)

APPROVED _____ _____

Practicum Coordinator – Signature Date