



Western

Clinical Psychology Department

REQUEST FOR HONORARIUM

Name _____ Date _____

Home Address _____

STUDENT NAME	ACTIVITY-COURSE AND INSTRUCTOR	FROM	TO	AMOUNT

APPROVED _____
Practicum Coordinator - Signature

Date

Note: Requests for Honoraria for practicum supervision should be made on this form to the instructor of the Practicum course at the same time that the Student Evaluation Form is completed and returned to the course instructor.