

Psychological Assessment Practicum (Psych 9901)

INTENT TO REGISTER

Instructions/Procedures:

- This form is to be completed by student once a tentative arrangement has been made between the student and his or her prospective practicum supervisor.
- Once completed, this form should be sent to the Clinical Program Administrative Assistant (Esther Spetgang), who will share it with the course Instructors.
- If plans change from the time this form is submitted to the time the practicum is slated to start, please submit a new form to Esther Spetgang.
 - Indicate (on this form, in the space provided) that this is a modification of the earlier submission,
 - Place an asterisk by the changed element(s).
 - If the revision is to extend the placement beyond April 30th, then the Intent to Register form should be accompanied by an email (cc'd to your research supervisor) that you have agreed to the extension.

Student Name: _____ Year in MSc Program 1 ____ 2 ____

Anticipated Setting (and service, if applicable): _____

Anticipated Supervisor: _____

Anticipated Start Date: ____/____/____ Anticipated End Date: ____/____/____
Month/Day/Year Month/Day/Year

This is a modification of an earlier intent to register form: No ____ Yes ____

Name of Instructor

Instructor's Signature

Date