

PSYCHOLOGY DEPARTMENT

REQUEST FOR CLINICAL AND COUNSELING INTERNSHIP LEAVE OF ABSENCE

I hereby request an official Leave of Absence for the following terms: _____, _____,
_____. This leave is requested in order to complete a one-year Program-Required Internship.

Official Internship start date:_____. The official Internship completion date will be no less than 12 months and no more than 24 months from date listed above [APA].)

Internship site (print name, address, phone):

Home address, phone during Internship:

I plan to return to Knoxville to complete the dissertation beginning with the Term

_____ All Program and University requirements will be fulfilled upon completion of Internship.

The following requirements must be completed before Leave of Absence will be approved:

Predissertation Research: Approved on _____

Comprehensive/Specialties Exam: Approved on _____

Dissertation Proposal: Accepted on _____

I will not be using UTK facilities during this Leave of Absence and understand that faculty are not obligated to devote time and supervision to my dissertation.

Student Printed Name

Signature

Student ID Number

I have reviewed and verified the information herein.

Doctoral Committee Chair

Program Director

APPROVED:

APPROVED:

James E. Lawler, Ph.D., Professor and Head

Dean of The Graduate School

AFTER OBTAINING COMMITTEE CHAIR AND PROGRAM DIRECTOR SIGNATURES, PLEASE GIVE FORM TO THE GRADUATE PROGRAMS COORDINATOR (312D). WHEN THE DEPARTMENT HEAD HAS APPROVED THE LEAVE OF ABSENCE, THIS FORM WILL BE FORWARDED TO GRADUATE STUDENT SERVICES.

Note: For students in the PhD program in Clinical Psychology, completion of this experience by _____ is considered timely progress toward completion of the Program.