

WESTERN MICHIGAN UNIVERSITY
Clinical Program
PERMISSION TO ELECT APPLICATION

Name _____ Social Security Number _____

PSY 698	Clinical Practicum I	1-3 hours _____
PSY 699	Clinical Practicum II	1-3 hours _____
PSY 732	Doctoral Clinical Internship	1-3 hours _____

Description of Activity _____

Name of Interning Organization/External Practicum Site _____

Signature of Organization/Site Practicum Supervisor _____

I understand that, according to federal law, all research involving either human subjects, vertebrate animals, or genetic material must have prior approval of the WMU Human Subjects Institutional Review Board, the Institutional Animal Care and Use Committee, and / or the Institutional Biosafety Committee. _____ (Student's Initial)

Signature of Advisor