

**REQUEST TO  
TERMINATE TRAINEESHIP**

Student: \_\_\_\_\_ Current Term: \_\_\_\_\_

PLEASE PRINT

Course Enrolled in:    MFC 523    MFC 529    MFC 531    MFC 534  
                           MFC 533    MFC 535    MFC 596

*Student has consulted with Course Instructor regarding termination.*

Comments: \_\_\_\_\_

Course Instructor's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Student has consulted with the Clinical Training Co-Director(s)  
regarding the termination process.*

Comments: \_\_\_\_\_

Phillips Clinical Training Co-Director(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*Student has discussed the termination process with an Agency Representative  
and has agreed to comply with the agency procedures.*

Name of Agency: \_\_\_\_\_ Effective Date of Termination: \_\_\_\_\_

Comments: \_\_\_\_\_

Student responsibilities: \_\_\_\_\_

Representative's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Student must submit a completed *Trainee Evaluation Form* from the clinical supervisor from this traineeship for the accumulated hours to count towards the Phillips practicum requirement. Completion of the *BBS Experience Verifications Form* is required for licensure.

Early termination from a traineeship *without consultation and without approval* from the Instructor and the Clinical Training Co-Director(s) may result in a grade of "no credit" for the practicum course and clinical hours *will not* count towards the Phillips practicum requirement.