

**NOTIFICATION OF
TRAINEESHIP CHANGES**

(Due within 2 weeks of change)

Name of Traineeship Site: _____

Student's Name _____ Current Term _____
PLEASE PRINT SEMESTER

Practicum Course Enrolled in: MFC 523 MFC 529 MFC 533 MFC 535 MFC 596

Change of Clinical Supervisor

Primary Supervisor _____

New Primary Supervisor _____
NAME DEGREE LICENSE#

Effective Date of Clinical Supervisor Change _____

Additional Clinical Supervisor

Supervisor _____
NAME DEGREE LICENSE#

Other Changes

Student Signature _____ Date _____

Phillips Clinical Training Office Signature _____ Date _____