

**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: _____

*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.