



Office of Clinical Experience & Outreach  
Beekey Education Center – 224

**Subject:**                    **Practicum Change(s)**

**To:**                            **Office of Clinical Experience & Outreach**

**Supervisor:** \_\_\_\_\_

**Place of Practicum:** \_\_\_\_\_

**Date and Time of Practicum:** \_\_\_\_\_

**Resource Personnel:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Practicum Activity:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please complete this form a week in advance of your special practicum and return to the Office of Clinical Experience and Outreach. Please advise your department secretary and the other supervisors in your department about the special practicum or change in your schedule.