

**PENDELDOT Psychology Externship Application Coversheet**

Applicant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apartment / Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

School E-mail Address: \_\_\_\_\_

Training Interest (list the externship program or programs you are interested in):

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Graduate Program Information:

University: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Degree Program: \_\_\_\_\_

Director of Clinical Training (or relevant faculty member overseeing placements):

DCT/Faculty Name:

DCT's email: \_\_\_\_\_

DCT's Phone: ( ) \_\_\_\_\_

Current Year in Program: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

## Practicum Match Agreement

I the undersigned commit to not accepting any practicum offer either inside or outside of the match, prior to Match Day (March 7, 2022).

Further, it is the policy of the below listed program and signing DCT that our trainees do not accept a practicum offer prior to Match Day.

I agree to abide by this policy.

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Name of Practicum Student

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Signature of Practicum Student

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Name of Graduate Program

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Name of DCT

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Signature of DCT