PACIFICA GRADUATE INSTITUTE

NOTIFICATION OF AFFILIATION AGREEMENT DATE EXTENSION

Please complete this form in order to extend your Affiliation Agreement at your current practicum site with your current supervisor/s.

Please be advised that I, _____
Student's Printed Name Track

will continue to accrue hours at _____,
Practicum Site

and would like to extend the date of my current affiliation agreement to

____/____/_____.
Mo/Day/Yr

As the supervisor of the above student, I _____
Supervisor's Printed Name

have approved this date extension.

_____
Student Signature Date

_____
Supervisor Signature Date