

**PACIFICA GRADUATE INSTITUTE**

**NOTIFICATION OF SUPERVISED PRACTICUM SITE  
TERMINATION FORM**

*Complete this form whenever you stop working at a specific practicum site.*

Please be advised that I, \_\_\_\_\_  
Print Student Name Track

will no longer be accruing practicum hours at \_\_\_\_\_  
Practicum Site Name

as of \_\_\_\_/\_\_\_\_/\_\_\_\_.  
Mo/Day/Yr

I have submitted the following required forms:

- Final Quarterly Supervisor's Evaluation
- Student Evaluation of Supervised Practicum Site
- Final Log of Hours

**IF APPLICABLE:**

I will be continuing at \_\_\_\_\_  
New Practicum Site Name

as of \_\_\_\_/\_\_\_\_/\_\_\_\_ .  
Mo/Day /Yr (anticipated start date)

I have submitted the required Site Approval Packet for my new site

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Student Signature

Date