



THE GRADUATE SCHOOL AT **UMBC**

**REQUEST FOR PERMISSION TO PARTICIPATE IN THE
COMMENCEMENT CEREMONY BEFORE COMPLETING
THE CLINICAL INTERNSHIP
Human Services Psychology, Ph.D. Students
Clinical Psychology Track**

Name: <i>(last, first, M.I.)</i>	
Student ID:	Graduation Term and Year: 20__

This student has completed all of the requirements for the Ph.D. in Human Services Psychology except for the final _____ months of the clinical internship. We request that this student be allowed to participate in the _____ 20____ Commencement ceremony. We understand that the degree Will not be conferred until the internship has been completed.

APPROVAL SIGNATURES Please type and sign		
Advisor:	Signature:	Date:
Graduate Program Director:	Signature:	Date: