

LEWIS & CLARK  
GRADUATE SCHOOL OF EDUCATION AND COUNSELING  
DEPARTMENT OF COUNSELING PSYCHOLOGY  
MARRIAGE, COUPLE AND FAMILY THERAPY PROGRAM

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## AMENDMENT TO EXTERNSHIP AGREEMENT

This amends the Agreement between \_\_\_\_\_ and  
*Student Name*

\_\_\_\_\_, made on \_\_\_\_/\_\_\_\_/\_\_\_\_ and signed by the  
*Externship Site*

student, the site supervisor, and clinical coordinator.

The practicum conditions which will change from the original Agreement are detailed below. Please check (✓) only those which apply and fill in the information requested:

- ☐ New Agreement end date is \_\_\_\_/\_\_\_\_/\_\_\_\_ (formerly \_\_\_\_/\_\_\_\_/\_\_\_\_ )
- ☐ New primary supervisor is \_\_\_\_\_ (formerly \_\_\_\_\_ )  
***Student must ensure that a resume for the new supervisor is on file in the CPSY office.***
- ☐ New secondary supervisor is \_\_\_\_\_ (formerly \_\_\_\_\_ )  
***Student must ensure that a resume for the new supervisor is on file in the CPSY office.***
- ☐ Number of hours per week is now \_\_\_\_\_ (formerly \_\_\_\_\_ )
- ☐ New primary activities of the student are described as follows: \_\_\_\_\_

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

- ☐ Other change: \_\_\_\_\_  
\_\_\_\_\_

The effective date for the above changes is: \_\_\_\_/\_\_\_\_/\_\_\_\_

The signatures below indicate that all parties understand and have agreed upon the above amendments to the original Agreement.

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Site Supervisor Signature*

\_\_\_\_\_  
*MCFT Clinical Coordinator Signature*