



Student Employment Permission Request

Prior to acceptance of any outside employment involving psychology related activities, students are required to notify in writing and consult with their Faculty Advisor and the Director of Clinical Training (DCT).

Name of Student: _____

Are you currently employed in a job involving psychology related activities? YES NO

If **yes**, please give complete address, description of responsibilities and hours involved:

Address: _____

Description of Responsibilities: _____

Days & Times: _____

In addition to information regarding outside employment above, please also provide all paid position(s) you hold within UTRGV:

Position I: _____ Department: _____ Supervisor: _____

Days/Hours: _____

Position II: _____ Department: _____ Supervisor: _____

Days/Hours: _____

Faculty Advisor Signature

Director of Clinical Training Signature