

ACKNOWLEDGEMENT OF PROGRAM ASSIGNED PLACEMENT OPT-OUT

Date: _____ **Name:** _____

Quarter/Year of Student Placement: Winter 20____ Spring 20____

Type of Placement:

Medical: _____

School: _____

I, _____, hereby acknowledge that I have decided to decline my assigned medical or school externship placement. I understand that by making this decision, I am fully responsible for any outcome or consequences that may arise from my choice. I understand that this decision could potentially delay my externship placement, which in turn may delay my graduation from DePaul University's Speech Language Pathology Program.

Furthermore, I understand that I cannot hold the program, including the Director of Clinical Education, responsible for any outcome from my decision to opt out of the assigned placement.

I have discussed my decision with the Director of Clinical Education and fully comprehend the implications of my choice.

Student's Signature

Director of Clinical Education

Date of Signature

Date of Signature