

APPENDIX B: REQUIRED HOURS FORM

Field Learning & Community Partnerships
1 Washington Square North
New York, NY 10003
Tel (212) 998-5920 Fax (212) 995-4533
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To: Dr. Peggy Morton, Assistant Dean, Field Learning & Community Partnerships

From: _____ (Student)

Date: _____

Re: Request for Approval of Change in Completing Required Field placement Hours

Student Program Two-Year Extended 16-Month Advanced Standing OYR 32-Month

Student Status Gen. Practice /1st Year Adv. Concentration/2nd Year Undergraduate

Field placement Agency: _____

Hours Per Week in Field placement: _____ **Number of Hours Missing:** _____

Reason for Missing Hours: _____

Plan for Completing Missing Hours (e.g., days, time, projects). *Note that students may not work more than 7 hours per day, or more than 28 hours per week.*

Expected Date of Completion of Generalist Practice or Specialized Practice Year: ____/____/____
MM .DD YY

If student does not complete requirements by the end of the semester, an incomplete grade will be submitted.

Student (Print Name) Signature Date

To the Faculty Advisor: By signing this form you attest that the information contained herein is accurate, and that you will oversee this student's completion of missing hours as described above.

Faculty Advisor (Print Name) Signature Date

Field Instructor (Print Name) Signature Date

APPROVED: Assistant Dean (Print Name) Signature Date
Field Learning and Community Partnerships