To: Virge Luce, Interim Assistant Dean, Field Learning & Community Partnerships

From: ____________________________  (Student)

Date: ____________________________

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

Student Program: □ 2-Year □ Extended □ 16-Month □ Advanced Standing □ OYR □ 32-Month

Student Status: □ Gen. Practice/1st Year □ Spec. Practice/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: _______/_____/______

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: Interim Assistant Dean (Print Name)  Signature  Date

Field Learning and Community Partnerships

Rev. 9.29.16