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
silver.fieldlearning@nyu.edu

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 _________________________

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