University of Houston
Graduate College of Social Work
Office of Field Education

APPLICATION FOR FIELD PRACTICUM ELECTIVES (New Curriculum)

1. Name: _____

Mailing Address: _____
(Street) (Apt. #)

_____
(City) (State) (Zip Code)

Telephone Number: Home: _____ Work: _____

Cell: _____ Pager: _____

E-mail Address**(print carefully)**:_____

2. Concentration Choice:

_____ Clinical Practice
_____ Leadership, Administrative & Advocacy

3. Status:

_____ Full-Time
_____ Flex-Option

4. Course applying for:

_____ Field Practicum Elective I	1 SCH / 80 Clock Hours
_____ Field Practicum Elective II	2 SCH / 160 Clock Hours
_____ Field Practicum Elective III	3 SCH / 240 Clock Hours
_____ Field Practicum Elective I in CP	1 SCH / 80 Clock Hours
_____ Field Practicum Elective II in CP	2 SCH / 160 Clock Hours
_____ Field Practicum Elective III in CP	3 SCH / 240 Clock Hours
_____ Field Practicum Elective I in LAA	1 SCH / 80 Clock Hours
_____ Field Practicum Elective II in LAA	2 SCH / 160 Clock Hours
_____ Field Practicum Elective III in LAA	3 SCH / 240 Clock Hours

5. Semester applying for:

_____ Fall _____ (Year) _____ Spring _____ (Year) _____ Summer _____ (Year)

6. **Field Eligibility:** Write semester and year next to each course which you have completed or are currently taking.

Sem.	**Year**	**Course**
_____	_____	6194 Field Practicum I
_____	_____	6294 Field Practicum II - Advanced
_____	_____	7384 Field Practicum III in CP
_____	_____	7494 Field Practicum IV in CP
_____	_____	7388 Field Practicum III in LAA
_____	_____	7495 Field Practicum IV in LAA

7. Have you ever taken a Field Practicum Elective course before? _____ No ___ Yes. If yes, please answer:

a. Which course(s) ?_____

b. What semester ? _____ Year? _____

c. In which agency? _____

d. With what field instructor?_____

Revised: 11/08

8. Are you requesting to do a Field Practicum Elective in the same agency, in which you have or will be doing a required field placement? No _____ Yes_____. If yes, please answer:

   a. What is the required field course(s)? _____

   b. What semester(s) were or will you be in the agency? _____

   c. Name of agency _____

   d. Name of field instructor _____

9. If you are requesting to do a Field Practicum Elective in a different agency, list type of placement desired in order of preference. (Note: Agencies are reluctant to accept students for less than 2 days per week for one semester)

   a. _____

   b. _____

   c. _____

10. List any previous field placements and field instructors.

Agency	**Field Instructor**	**Semester/Year**

11. List any special conditions or limitations to be considered in arranging your field placement.

    _____

    _____

    _____

12. Many of our affiliated agencies have begun to require criminal background checks and drug screenings of all potential employees and student interns. If you have any concern about these procedures, please see the Director or Associate Director of Field Education.

13. Signatures:

    Student: _____ Date: _____

    Field Instructor: _____ Date: _____
    (Required for approval if in the same agency)

    I have reviewed the student's degree plan and do verify that the student has had all course prerequisites including the practice course which corresponds to the field course for which he or she is applying.
    (Application will not be processed without advisor's signature.)

    _____ _____ _____
    Advisor Signature Date Date of Meeting with Student

    Director of Field Practicum: _____ Date: _____

FOR FIELD OFFICE USE ONLY

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AGENCY **FIELD INSTRUCTOR** **DATE REFERRED**

CRITICAL FIELD EDUCATION POLICIES

1. I understand that I must attend the required Field Orientation prior to beginning the first field practicum course I take at the GCSW. I have received and read the information regarding the date and time of the next scheduled Field Orientation.

_____ _____
Student Signature Date

2. I understand that a student will be terminated from the program if he/she is unable to secure a field placement after three (3) interviews each of which results in a documented violation of student standards.

_____ _____
Student Signature Date

3. I understand that field practicum hours must be completed during normal business time, Monday through Friday, 8:00 a.m. – 5:00 p.m.

_____ _____
Student Signature Date

4. I understand that students are required to purchase professional liability insurance prior to enrolling in field practicum courses. I have completed an insurance eligibility form and authorization for the cost of the insurance to be included on my University fee bill.

_____ _____
Student Signature Date

5. I understand that if I am absent from field without notifying my field instructor more than one time, my field placement will be terminated and a grade of Unsatisfactory will be assigned.

_____ _____
Student Signature Date