

**UNIVERSITY OF HOUSTON
GRADUATE COLLEGE OF SOCIAL WORK
OFFICE OF FIELD PRACTICUM
(713) 743-8088**

CHANGE OF FIELD PLACEMENT REQUEST

1. Student Name _____
2. Field Instructor _____
3. Agency Name _____
4. Name of Person Initiating
this Request _____ Telephone# (____) _____
5. Date _____
6. Summary of the reasons you are requesting a change in placement for yourself or for your student

7. What attempts have been made to meet with your field instructor or student around this
or other problematic issues? Please specify the dates and results of each meeting.

8. (FOR STUDENT INITIATED REQUEST) List agencies in which you would be
interested for your reassignment. _____

9. **SIGNATURES (This request will not be considered by the Office of Field Practicum
unless signed by student and field instructor, and faculty field liaison.**

Field Instructor

Student

Faculty Field Liaison

Date