

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

APPLICATION TO CONTINUE FIELD PLACEMENT IN SAME AGENCY

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
- _____ MACRO Practice

3. Status:

- _____ Full-Time
- _____ Flex-Option
- _____ Weekend College

4. Course applying for:

- _____ Field Practicum II _____ Field Practicum IV in MACRO Practice
- _____ Field Practicum IV in Clinical Practice

5. Semester applying for:

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

6. Current Field Placement:

Agency: _____

Program Name: _____

Field Instructor: _____

How many semesters have you been in this field placement? _____ Give Dates: _____

7. Will you be taking a course in your curriculum emphasis area concurrently with the field course for which you are applying? _____

___ No ___ Yes _____ Course Title

8. Do you intend to finish field early? ___ No ___ Yes

If yes, please describe your plans and include date.

Student Signature

Date

Director of Field Practicum Signature

Date

FOR FIELD OFFICE USE ONLY

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 GSSW. I have received and read the information regarding the date and time of the next scheduled Field Orientation. I understand the potential consequences should I be unable to attend the required 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

- * **Please refer to the Field Practicum Manual for additional field education policies and procedures.**