

STUDENT PORTION: To be completed by the STUDENT

Student <i>(print name)</i>						Check Campus and Cohort		
Practicum Agency <i>(full name)</i>						<input type="checkbox"/> Norman	<input type="checkbox"/> Tulsa	<input type="checkbox"/> Online
Program / Unit / Dept. <i>(if applicable)</i>						<input type="checkbox"/> BASW	<input type="checkbox"/> MSW CY	
Specific Placement Address <i>(street address, city)</i>						<input type="checkbox"/> MSW FY	<input type="checkbox"/> CWPEP	
Agency Phone Number <i>(please write legibly)</i>		Practicum Dates <i>(see practicum calendar)</i>	Begin Date:	End Date:	Total Hours:			

FIELD INSTRUCTOR PORTION: To be completed by the FIELD INSTRUCTOR

Field Instructor <i>(print name)</i>						<input type="checkbox"/> BASW	<input type="checkbox"/> MSW
Education / Licensure / Credentials							
Field Instructor E-Mail <i>(please write legibly)</i>		Field Instructor Phone <i>(include area code)</i>					

PRECEPTOR PORTION: To be completed by the PRECEPTOR *(if applicable)*

Preceptor <i>(print name)</i>		Education / Licensure / Credentials					
Preceptor E-Mail <i>(please write legibly)</i>		Preceptor Phone <i>(include area code)</i>					

EMPLOYMENT-BASED PRACTICUM STUDENTS: To be completed by the STUDENT

Total average number of hours you work in your current position:		Number of hours you will be released from job duties for practicum:		Number of job hours that will also qualify as practicum hours:	
Number of hours you you will be performing job duties only:		Number of practicum hours only:		Total number of hours each week you will dedicate to job + practicum:	

REQUIRED SIGNATURES: Placement cannot begin until form is completed and signed by all parties.

Student Signature **Date**

Current Work Supervisor *(Employment-Based Practicum only)* **Date**

Field Instructor Signature **Date**

Authorized Agency Representative
(Employment-Based Practicum only) **Date**

Preceptor Signature *(only if applicable)* **Date**