

FIELD EDUCATION STUDENT PLACEMENT FORM

	STUDE	NT PORTION: To be	completed	by the STUD	ENT			
Student (print name)					Check	Check Campus and Cohort		
Practicum Agency (full name)					□ Norman	□ Tulsa W □ MS	□ Online	
Program / Unit / Dept. (if applicable)					— □ BAS			
Specific Placement Address (street address, city)					•			
Agency Phone Number (please write legibly)		Practicum Date (see practicum ca		Begin Date:	End Date:	Total Hours:		
FIE	LD INSTRUCT	OR PORTION: To be	completed	by the FIELD	INSTRUCTOR			
Field Instructor (print name)						□ BASW	□ MSW	
Education / Licensure / Credentials								
Field Instructor E-Mail (please write legibly)	Field Instructor Phone (include area code)							
PR	ECEPTOR PO	RTION: To be compl	eted by the	PRECEPTOR	(if applicable)			
Preceptor (print name)			Education / Li Credentials	Education / Licensure / Credentials				
Preceptor E-Mail (please write legibly)			Preceptor Ph (include area co					
EMPLO	YMENT-BASI	ED PRACTICUM STU	DENTS: To b	e complete	d by the STUDE	NT		
Total average number of hours you work in your current position:		Number of hours you will be released from job duties for practicum:		Nu qu	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:		To wi	Total number of hours each week you will dedicate to job + practicum:			
REQUIRED SIGN	IATURES: Plac	cement cannot begi	n until form	is complete	d and signed b	y all parties.		
Student Signature		Date	Date Current Work Supervisor (En		(Employment-Based	Practicum only)	Date	
Field Instructor Signature	eld Instructor Signature Date			Authorized Agency Representative (Employment-Based Practicum only)				
Preceptor Signature (only if applic	able)	Date					Revised 9/21	