

SCHOOL OF SOCIAL WORK Appendix N
APPLICATION FOR EXTENSION OF PRACTICUM HOURS

| BSW | MSW 1 ST Year | MSW 2 nd Year or ADVANCED STANDING |
|--------------------------------|--------------------------------|---|
| ___ Fall/Spring (Concurrent) | ___ Fall/Spring (Concurrent) | ___ Fall/Spring (Concurrent) |
| ___ Spring/Summer (Concurrent) | ___ Spring/Summer (Concurrent) | ___ Spring/Summer (Concurrent) |

This application must be submitted to your practicum seminar instructor no later than two months prior to the end of the semester.

Student Name _____ E-mail Address _____@myhpu.edu Phone # _____

Name/Location of Field Practicum Site _____ Phone # _____

Current Practicum Supervisor _____

Other Agency Instructor(s) _____

Student and proposed agency instructor(s) must provide the following information.

1. Explain the reason(s) you are requesting an extension of field practicum, hours remaining, and a detailed plan on how you will be completing these hours (please include the final date your hours will be completed by):

2. What arrangements/accommodations will be made by your practicum instructor to accommodate your request?

Practicum Instructor (please check one)

_____ I am **willing** to support the completion of student's placement of _____ hours. I am willing to monitor the student's work until _____, 20____.

_____ I am **unable** to support this student's request at this time.

Agency Instructor Signature

Date

Practicum Seminar Instructor I am aware that this student is requesting approval for an extension of time to complete their field practicum hours and the plan as approved by the practicum instructor. The student is also aware of their incomplete class work assignments.

Practicum Seminar Instructor Signature

Date

Student I am aware that the Director of Practicum will review my request. I understand that my request may not be approved and my course grade will be compromised by not fulfilling the required practicum hours.

Student Signature

Date

Field office use only

_____ **Approved** _____ **Disapproved** **Reason(s) for disapproval** _____

Field Director/Coordinator Signature

Date

Request Extend Practicum Hrs.doc