Hawai'i Pacific University School of Social Work

Request to Terminate/Change MSW Student Practicum Assignment

(Please attach additional documentation if necessary)

Please turn in completed forms to Ms. Jessica Garlock, Field Education Director for the School of Social Work Email forms to: jgarlock@hpu.edu or deliver to: Hawai'i Loa Campus, Room AC 118

I,	am currently assigned to a practicum at			
Student Na	ime		Agency Name	
under the auspices of	Field Instructor Name	·		
I am requesting to leave this	practicum for the following reason(s)			
I understand that I may not	eave my current practicum until the f	ollowing has taken place:		
• I have met with and resolution activities	as required by the School of Social V e necessary documentation and termi	l instructor and practicum instructor, a		
Student Signature:		Date:		
	Offic	cial Use		
Request received	Signature:	Date:		
Permission granted	Signature:	Date:		
Permission denied	Signature:	Date:		
Explanation/Notes:				

Signature: ____

HPU Practicum Coordinator

Date: _____