

FIELD PRACTICUM CONFIRMATION FORM
FIELD PRACTICUM CONFIRMATION

To: Field Practicum Coordinator

From: _____
Student's Name _____ Date _____

RE: _____
Name of Agency for Field Practicum _____

Agency Address _____

Agency Phone Number _____

Name of Agency Director (please print) _____

Name of Field Instructor (please print) _____ Email Address _____

Student Confirmation:

I have accepted this placement.

Signature of Student _____ Date _____

I have notified the agency of my decision. Yes _____ No _____

Agency Confirmation:

We accept this student for placement at our agency.

Signature of Field Instructor _____ Date _____

Signature of Task Supervisor _____ Date _____

=====
Office Use Only:

Faculty Field Liason: _____

Junior Practicum

Senior Practicum

School Year: _____