



WICHITA STATE  
UNIVERSITY

FAIRMOUNT COLLEGE OF  
LIBERAL ARTS AND SCIENCES

School of Social Work

## Change of Practicum Placement Exceptions Form

Date: \_\_\_\_\_

Student: \_\_\_\_\_

Agency: \_\_\_\_\_

Student Phone: \_\_\_\_\_

Student Email: \_\_\_\_\_

Please Explain Reason:

Student Signature \_\_\_\_\_ Date

Field Instructor Signature \_\_\_\_\_ Date

On-Site Supervisor Signature \_\_\_\_\_ Date  
(When Applicable)

Field Liaison Signature \_\_\_\_\_ Date

Director of Field Practicum Signature \_\_\_\_\_ Date