



Employment Situated Practicum (ESP) Exceptions Form

Date: _____

Student: _____

Agency: _____

Student Phone: _____

Student Email: _____

Field Instructor Name: _____

Field Instructor's Email: _____

Field Instructor's Phone: _____

On-Site Supervisor's Name: _____

On-Site Supervisor's Email: _____

On-Site Supervisor's Phone: _____

Describe how your practicum duties will be new learning and differ from your current paid responsibilities:

Student Signature _____

Date

Field Instructor Signature _____

Date

On-Site Supervisor Signature _____

(When Applicable)

Date

Director of Field Practicum Signature _____

Date

Employee Administrator's Signature _____

Date