



WICHITA STATE
UNIVERSITY

FAIRMOUNT COLLEGE OF
LIBERAL ARTS AND SCIENCES

School of Social Work

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: _____

Reason:

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Student Signature _____ Date _____

Field Instructor Signature _____ Date _____

On-Site Supervisor Signature _____ Date _____
(When Applicable)

Director of Field Practicum Signature _____ Date _____

Employee Administrator's Signature _____ Date _____