

**WEST CHESTER UNIVERSITY OF PENNSYLVANIA
SOCIAL WORK DEPARTMENT**

STUDENT NAME

DATE

PRACTICUM NAME

FIELD INSTRUCTOR

REQUEST TO MAKE UP DAYS OF MISSED FIELD PRACTICUM

DATES ABSENT FROM FIELD PRACTICUM:

REQUESTING APPROVAL OF FOLLOWING DATES TO MAKE UP TIME:

SPECIFY DAYS/HOURS TO BE WORKED

REQUEST TO INTERN DURING BREAKS OR EXTEND TIME AT THE END OF THE SEMESTER

SPECIFY DAYS/HOURS TO BE WORKED

REASON FOR THE REQUEST

APPROVED BY: _____
FIELD INSTRUCTOR

FACULTY FIELD LIAISON