

CSUN MSW Field Education

Schedule Change Form

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

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

Placement Site: \_\_\_\_\_

1<sup>st</sup> Year \_\_\_\_\_ 2<sup>nd</sup> Year \_\_\_\_\_

Current Hours/Days in Placement:

\_\_\_\_\_

Proposed Change in Hours/Days:

\_\_\_\_\_

\_\_\_\_\_ Approved

\_\_\_\_\_ Approved with following changes:

\_\_\_\_\_

\_\_\_\_\_ Not Approved

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Field Liaison

\_\_\_\_\_  
Date

\_\_\_\_\_  
Field Instructor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Field Education

\_\_\_\_\_  
Date