

California State University, Stanislaus
MSW Program
Record of Practicum Hours

Student's Name: _____
Print name

Semester/Year: _____

Agency Name: _____

Field Instructor _____
Print name

In your practicum you are required to complete a minimum number of hours (refer to the appropriate published practicum calendar). You are required to meet with your Field Instructor to reschedule any missed hours. Substantive changes in your schedule must be reviewed and approved by your Faculty Liaison **prior** to implementation. **You are not allowed to accelerate the accumulation of hours in order to finish practicum at an earlier date.**

Day/Date	Hours	Day/Date	Hours

TOTAL HOURS _____ **for MONTH** _____

At the end of each month please provide your field instructor with a copy of this form. If there are any discrepancies, please discuss immediately with your FI. At the mid-practicum and final field evaluation, please provide your Faculty Liaison with a copy of your documentation (**if requested**).

Signature of student

____/____/____
Date

FI's initials