**  
Field Education**

### Change of Placement Request Form

**Name:** **Date:**

**Agency:**

**Field Educator:**

**Field Advisor: \_**

**Reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Describe how your current placement is not meeting your learning needs:**

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**What actions have been taken to address this matter prior to submitting this request?**

* If approved, field hours will not be transferred to the new field agency unless there are extenuating circumstances to warrant such, and will be determined by the Director of Field Education. The student is to remain in the agency until a final resolution to the problem has been achieved, unless stipulated otherwise by the agency. (Field Education Manual).
* An extension of the internship may be required due to the change to ensure successful completion.

**Field Advisor Assessment and Recommendation:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Not Approved

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Director of Field Education Date

**Revised 1/31/2014**