

**Southwest Minnesota State University**  
**SOCIAL WORK PROGRAM**

**Proposal for Practicum at Place of Employment**

Student Name:  
Student phone:

Agency Name:  
Agency Address:  
City:

State:

Zip:

Employment Supervisor:  
Employment Supervisor Phone:  
Employment Supervisor Email:

Proposed Field Supervisor/Instructor:  
Proposed Field Supervisor/Instructor Phone:  
Proposed Field Supervisor/Instructor Email:

List current employment responsibilities including tasks and activities:

List proposed practicum responsibilities including tasks and activities (please note these activities should be different from your employment roles and focus on a generalist social work practice experience):

List your hours of employment and practicum for each day – this MUST be specific:

| Work Hours | Practicum Hours |
|------------|-----------------|
| Monday:    | Monday:         |
| Tuesday:   | Tuesday:        |
| Wednesday: | Wednesday:      |
| Thursday:  | Thursday:       |
| Friday:    | Friday:         |

|           |           |
|-----------|-----------|
| Saturday: | Saturday: |
| Sunday:   | Sunday:   |

Proposed Practicum Start Date:

Proposed Practicum End Date:

Student Signature:

Date

Employment Supervisor Signature:

Date

Proposed Field Supervisor/Instructor Signature:

Date

Director of Field Instruction Signature:

Date