

**OHIO UNIVERSITY  
DEPARTMENT OF SOCIAL WORK  
FIELD PRACTICUM PREFERENCE FORM**

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ OU E-mail: \_\_\_\_\_

List of preferred practicum settings in order of preference:

Agency	Contact Person, Phone #, and E-mail
1. _____	_____
2. _____	_____
3. _____	_____

Comments (including a listing of all agencies at which you interviewed if not listed above):

Student's Signature: \_\_\_\_\_

Approved by Field Liaison: \_\_\_\_\_

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

Agency/Field Instructor Assignment: \_\_\_\_\_