

Placement Extension/ Grade Deferral Request



Student Name: _____

Student ID: _____

- Program: BSW- DEA
 BSW- DEB
 BSW- PD
 MSW- Full Time Advanced Standing
 MSW- Part Time Advanced Standing
 MSW- 2Yr/ YR 1
 MSW- 2Yr/ YR 2

Placement Site: _____

Date: _____

Placement hours to date: _____

Initial Placement End date (as indicated on Confirmation package): _____

Requested Placement End date: _____

Field Instructor Approval: _____

Faculty Advisor Approval: _____

Field Manager Approval: _____

Students need to complete a MINIMUM of 2 PLACEMENT DAYS A WEEK

Students, please submit completed forms to Field Office to ensure a DEFERRAL is indicated in your practicum courses should you go passed the initial deadline for completion AND to ensure you remain covered by York University's insurance.

Please NOTE: Your Faculty Advisor or Field Education Manager may ask you for documentation in support of your request (e.g. A physician's note)