School of Social Work
University of Nevada, Las Vegas

Field Practicum Addendum Form

Program

Student Name **Semester** **Year**

Agency **AFI**

AFI E-Mail Address **Addendum**

Change in Practice Behavior: **Please attach amended Learning Contract to this document.**

Amended Practice Behavior

Competency # **Practice Behavior #**

Competency # **Practice Behavior #**

Competency # **Practice Behavior #**

Change in Agency Field Instructor:

Original AFI Name **E-mail**

New AFI Name **E-mail**

***Addendum to Student Grade:**

Disposition

***Justification**

Please attach separate sheet if more space is required

***Student signature does not imply agreement or disagreement with the Addendum to Grade, it indicates only that the student has reviewed it.**

Student Signature **Date** **Student Comments**

AFI Signature **Date** **Liaison Signature** **Date**

Action Taken **Director of Field Education Signature** _____ Date