

**WEST TEXAS A&M UNIVERSITY
PLACEMENT DISPOSITION FORM
GRADUATE FIELD**

Name of Student: _____

Agency: _____ Field Instructor: _____
(Must be approved by Field Director)

Address of agency: _____

F.I. Phone: _____ F.I. Email: _____

Specific agency expectations of the student (Include use of personal vehicle, specific dress codes, unusual work schedules, malpractice insurance expectations, etc.)

Student work schedule (Days and hours in agency):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

General statement of learning experiences to be provided to the student, including primary duties, involvement with clients, etc.

Student Signature: _____

Agency Field Instructor Signature: _____

Approved

Disapproved

Field Director Signature: _____

Note: A notarized copy of the RELEASE AND WAIVER OF LIABILITY FORM must accompany this form. No placement hours will be counted prior to final approval by the University Program Director, Field Coordinator or the Field Liaison.