

**FORM E**  
**Field Placement Completion Form**

To be completed by the student **as soon as he or she has completed the field placement**, signed by the preceptor, and delivered to the advisor for departmental signatures.

The original should be turned in to the Region 6 Field Placement Coordinator (Suite 800, Tidewater Building) upon completion of the project. A copy of this form with the abstract attached should remain with the faculty advisor.

Student name \_\_\_\_\_

Student ID# \_\_\_\_\_

Student degree program & department \_\_\_\_\_

Expected semester of graduation \_\_\_\_\_

A **final field placement report** has been submitted to the advisor. Yes \_\_\_\_\_ No \_\_\_\_\_

An abstract (500 words or less) of the **completed** field placement report must be attached.

An **abstract** is attached. Yes \_\_\_\_\_ No \_\_\_\_\_

An **evaluation from the preceptor** has been received. Yes \_\_\_\_\_ No \_\_\_\_\_

An evaluation from the student has been received. Yes \_\_\_\_\_ No \_\_\_\_\_

Field placement Schedule/Completed Yes \_\_\_\_\_ No \_\_\_\_\_

Report on File in the department (Electronic and Hard Copy) Yes \_\_\_\_\_ No \_\_\_\_\_

**SIGNATURES**

**Student** \_\_\_\_\_ Date \_\_\_\_\_

**Preceptor** \_\_\_\_\_ Date \_\_\_\_\_

**Agency** \_\_\_\_\_ Phone \_\_\_\_\_

**Advisor** \_\_\_\_\_ Date \_\_\_\_\_

**Department chair** \_\_\_\_\_ Date \_\_\_\_\_