

Field of Practice Completion Form
(Please submit this form prior to Graduation)

Submit by (check one)

- SPRING GRADS** > If graduating in Spring courses > submit by April 15
- SUMMER GRADS** > If you are taking Summer courses > submit by August 1
- FALL GRADS** > If you are taking Fall courses > submit by November 15
- WINTER GRADS** > If you are taking Winter courses > submit by January 15

All Students specializing in a Field of Practice (FOP) in their second year, should submit this form.

Please include the following:

- 1- Include (on page 2) or attach a brief statement regarding your final Research or your Professional Seminar project/paper
- 2- Attach a copy of your unofficial transcript. (which can be downloaded from your CUNYfirst account)
- 3- Return the form to the Student Services Office via email to ssswgrad@hunter.cuny.edu

PLEASE NOTE: IF YOU DO NOT COMPLETE THE ABOVE YOUR FOP WILL NOT BE PROCESSED.

Note: Please print your name and address below clearly. This is where your certificate will be mailed.

Student Name:

Street Address: _____ APT. # _____

City _____ State _____ Zip code _____

Telephone #: _____ Email address: _____

Major Method (check one)

- Clinical OML COP & D

Program (check one):

- OYR Full time Program Accelerated Advanced Standing Dual-Degree

Name of Placement Agency
(2nd Year or OYR-II) _____

Field of Practice (check one):

- | | |
|---|--------------------|
| <input type="checkbox"/> Child Welfare: Children, Youth and Families | Sexuality & Gender |
| <input type="checkbox"/> Aging: | Criminal Justice |
| <input type="checkbox"/> Global Social Work and Practice
with Immigrants & Refugees: | School Social Work |
| <input type="checkbox"/> Mental Health: | Health |
| <input type="checkbox"/> World of Work Sub-Specialization | |

(Over)

Please provide a brief description or paragraph describing your Research/Professional Seminar topic in the space provided below: (either type, write or attach document)

Student signature _____

Date

PLEASE MAKE SURE YOU SIGN THE FOP FORM AND ATTACH A COPY OF YOUR UNOFFICIAL TRANSCRIPT IN ORDER TO PROCESS THIS REQUEST

***** For Student Services Dept. Below is for Internal-office use only –

Field of Practice Chair _____

Date _____

Certificate Mailed _____