# Certification of Field Hours

**SOWK 642**

**Student Name:** ________________________________

<table>
<thead>
<tr>
<th>Week #15 Date: ____</th>
<th>Hours this week: _____</th>
<th>________</th>
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<tbody>
<tr>
<td>Week #16 Date: _____</td>
<td>Hours this week: _____</td>
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<td>Week #17 Date: _____</td>
<td>Hours this week: _____</td>
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<td>Week #18 Date: _____</td>
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<td>Week #19 Date: _____</td>
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<td>Week #20 Date: _____</td>
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<td>Week #21 Date: _____</td>
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<td>Week #22 Date: _____</td>
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<td>Week #23 Date: _____</td>
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<td>Week #24 Date: _____</td>
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<td>Week #25 Date: _____</td>
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<td>Week #26 Date: _____</td>
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<td>Week #27 Date: _____</td>
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<tr>
<td>Week #28 Date: _____</td>
<td>Hours this week: _____</td>
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</tbody>
</table>

**Additional Hours** _________  **Total Hours per semester** _________

______________________________  __________________________
Field Instructor                     Date

______________________________  __________________________
Student                           Date

______________________________  __________________________
Field Liaison                     Date

Revised 8/09