

Department of Social Work
Florida Gulf Coast University

BSW FIELD PLACEMENT CONFIRMATION FORM

Student Name: _____ UIN: _____
Academic Year: _____ Semester: Fall Spring Summer
Anticipated Start Date: _____
Agency Name: Agency _____ Program/Department: _____

Address: _____
Street City ZIP Code

Placement Address (if different): _____
Street City ZIP Code

Field Instructor Name: _____ Degree: MSW/BSW

Title: _____ Completed Field Supervision Training

Email Address: _____ Phone: _____ Ext.: _____

Task Supervisor Name: _____ Title: _____

Email Address: _____ Phone: _____ Ext.: _____

Is this placement employment based: Yes No Supervisor: _____

Is this a paid placement? Yes No Dates of employment: _____

Does placement pay a stipend? Yes No

(All terms of paid/stipend-based placements must be pre-approved.) Weekly Field Schedule:

Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

List any special trainings/requirements for this placement.

Signatures:

Field Instructor _____ Date _____ Student _____ Date _____

Task Supervisor _____ Date _____ Field Education Coordinator _____ Date _____