

Department of Social Work  
Florida Gulf Coast University

**MSW FIELD PLACEMENT CONFIRMATION FORM**

Student Name: \_\_\_\_\_ UIN: \_\_\_\_\_

Academic Year: \_\_\_\_\_ Semester: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Program: FT PT Generalist Year Concentration Year

Anticipated Start Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Program/Department: \_\_\_\_\_

Agency 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