Florida Gulf Coast University - Department of Social Work
FIELD EDUCATION INTERNSHIP PLACEMENT CONFIRMATION FORM

Student Name: _____ **UIN:** _____

Academic Year: _____ **Anticipated Start Date:** _____

Planned Schedule: (enter start/end times)	**Mon.**	**Tues.**	**Wed.**	**Thurs.**	**Fri.**	**Sat.**	**Sun.**

Agency Name: _____

Department/Program: _____

Placement Address: _____
Street **City** **Zip Code**

Is this placement employment based? Yes, this agency is my employer | No, this agency is not my employer

Is this a paid (stipend) placement? Yes, the stipend is: $ | No, there is no stipend paid

Field Instructor Name: _____

Field Instructor Title: _____

Field Instructor Degree(s): _____

Field Instructor Email Address: _____

Field Instructor Phone: _____

Task Manager Name: _____

Task Manager Title: _____

Task Manager Degree(s): _____

Task Manager Email Address: _____

Task Manager Phone: _____

_____ _____
Field Instructor Signature **Date**

_____ _____
Student Signature **Date**