

Field Placement Verification

Student's Name: _____

Mustang ID#: _____

Field Agency: _____

Address: _____
Street City Zip Code

Name of Field Supervisor: _____

Field Supervisor's Phone Number: _____

Field Supervisor's Email: _____

Verification of Masters or Baccalaureate from a CSWE program: __ yes __ no

Note: This form must be turned in by the second week of field or you will be dropped.

All students must have proof of insurance before starting field or you will be dropped the third week of class.

Learning contract is due third week of class or you will be dropped.
If you have not applied for field you will be dropped the first week of class.

I acknowledge that I have read the policy about failing to meet the responsibilities listed above and I understand that I will be dropped from field if I do not follow these policies within the timeline.

Student's signature: _____

Date: _____