

**Fayetteville State University  
Department of Social Work  
Master of Social Work  
Director of Field Education  
1200 Murchison Road  
Fayetteville, NC 28301**

**Student Placement Request & Personal Data Form**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Emergency Contact Person: Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Undergraduate Degree/Major: \_\_\_\_\_  
University/College (that conferred the degree): \_\_\_\_\_  
Do you have reliable transportation? \_\_\_\_\_ Yes \_\_\_\_\_ No

Check area of interest, and populations to work with, in terms of a field placement:  
Check area of interest, and populations to work with, in terms of a field placement:

\_\_\_\_ disabilities                      \_\_\_\_ substance abuse/treatment                      \_\_\_\_ administration  
\_\_\_\_ mental health/  
illness                      \_\_\_\_ children/adolescents                      \_\_\_\_ court services/correction  
\_\_\_\_ public school                      \_\_\_\_ elderly                      \_\_\_\_ military social work  
\_\_\_\_ domestic violence                      \_\_\_\_ medical social work                      \_\_\_\_ no preference  
\_\_\_\_ other (please state preference)

1. List agencies where you have already completed field placements, either as an undergraduate or as a graduate student:

2. Social work related experience, including volunteer experience:

3. Career goals:

4. What I hope to achieve in a social work field placement:

Select the type of placement you are currently seeking: \_\_\_\_Foundation (1<sup>st</sup> year students complete a Fall/Spring placement) \_\_\_\_Advanced Practice (2<sup>nd</sup> year students complete a Fall/Spring placement)

Preliminary choice of agencies or organizations for consideration as a field placement site (choose from the selection of agencies given by the Department of Social Work):

**Agency Name**

**City & State**

(Rank according to first, second, and third preference)

1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_

*The program cannot guarantee you a placement in one of the agencies identified above*

I request that the Department of Social Work at Fayetteville State University make the necessary arrangements, as outlined in the *Master of Social Work Field Placement Manual*, for me to begin a field placement: \_\_\_\_Yes \_\_\_\_No

**Permission to Release Student Information**

By signing below, I give my permission for the Department of Social Work at Fayetteville State University to share information contained in this form, or give a copy of this form, to any agency I select to interview with for a possible graduate field placement. I understand that faculty members in the Department of Social Work will also have access to this information.

**Student Signature** \_\_\_\_\_

**Date** \_\_\_\_\_