

**FAYETTEVILLE STATE UNIVERSITY
DEPARTMENT OF SOCIAL WORK
MASTER OF SOCIAL WORK PROGRAM
SOCIAL WORK FIELD INSTRUCTION**

Master of Social Work Program Field Practicum Assignment Form

Date: _____

Student's Name: _____

Address: _____

Phone: _____ **Cell** _____

Emergency Contact: _____

E-Mail: _____

Agency Field Instructor: _____

Agency Name: _____

Agency Address: _____

Agency Phone: _____

E-Mail: _____

Fax: _____

I have met with the field instructor and I agree to serve as an intern student in the above named agency.

Student's Name _____ **Date** _____

I have met with the above named student, and I agree to have the student undertake a social work field placement with me. I will provide weekly supervision, and I will contact the Director of Field Education if anything changes which may interfere with my ability to supervise student.

*****Submit this Form Immediately After Being Accepted By An Agency**

Task Supervisor _____ **Date** _____

Field Instructor _____ **Date** _____