

**US ARMY-FAYETTEVILLE STATE UNIVERSITY
MASTER OF SOCIAL WORK PROGRAM
AMEDD CENTER & SCHOOL
2250 STANLEY ROAD
FORT SAM HOUSTON, TEXAS 78234**

Master of Social Work Program Field Placement Assignment Form

Date: _____

Student's Name: _____

Address: _____

Phone: _____

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 them 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.

Field Instructor _____ **Date** _____