

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

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:

- | | | |
|---|--|---|
| <input type="checkbox"/> Disabilities | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Mental Health/Illness | <input type="checkbox"/> Adolescents | <input type="checkbox"/> Court Services/Corrections |
| <input type="checkbox"/> Public Schools | <input type="checkbox"/> Elderly | <input type="checkbox"/> Military Social Work |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Child Care Services | <input type="checkbox"/> No preference |
| <input type="checkbox"/> 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 social work field placement:

Select the type of placement you are currently seeking:

- Foundation (1st year students complete a Fall placement)
- Advanced Practice (2nd 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 (Rank according to 1 st , 2 nd , & 3 rd preference)	City & State
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 US Army-Fayetteville State University Master of Social Work Program, AMEDDC&S 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 US Army-Fayetteville State University Master of Social Work Program, AMEDDC&S 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 _____