

## **INTERNSHIP CONFIRMATION FORM**

Academic Level: BSW:	MSW-FND:	MSW-ADP:	MSW-PAC:
		(Advanced Direct Practice)	(Policy, Administration & Community)
MSW Online Program:	SW Foundation (FND):	oundation (FND): MSW Advanced Generalist (AG):	
MSW ADP Specialization: Ch	nildren, Youth & Families:	Health/Behavioral Health with Ad	ults: Public Child Welfare:
Certificate Program: Yes: N	No Name of Certificate:		
Internship Semesters: Two consecutive semesters or a Block placement. Example: Fall 2017–Spring 2018, Summer Block 2017)			
1st Semester & Year:	2 <sup>nd</sup> Semester & Y	ear: or Sem	nester Block & Year:
Internship Confirmation Information			
Student Name (Print):			
Internship Agency & Department Name (Print)			
Internship Site Address/City/Zip:			
Field Instructor Name (Print)			
Field Instructor Contact Phone: Email Address:			
Field Instructor Signature (Required before submitting form):			
Student Signature (Required before submitting form):			
Both field instructor & field student signatures must be on form for confirmation to be processed by Field Education.			
Stipend: Yes:No:	Amount of Stipe	end: \$ (Per Hour);	\$ (Per Semester)
Child Welfare Education Project: Yes: No: Training Unit Assigned			
Weaving Native Perspectives: Yes: No: AmeriCorps: Yes: No:			
IPT Data Entry Date: IPT Notes:			
FI Training Confirmation Da	ate:		
Confirmation Email sent x2			

Please return form (fax or hard copy) to the applicable Field Education Office below:

Phoenix Downtown Campus & Online Program: Fax: 602-496-0199; Tel: 602-496-0063

<u>Tucson Campus:</u> Fax: 520-884-5949; Tel: 520-884-5507, ext. 20608