INTERNSHIP CONFIRMATION FORM

Academic Level:  
BSW:_____             MSW-FND:_____           MSW-ADP:________                 MSW-PAC:_____
(Bachelor's Degree)            (Foundation)     (Advanced Direct Practice)       (Policy, Administration & Community)

MSW Online Program:  
MSW Foundation (FND):________                  MSW Advanced Generalist (AG):________

MSW ADP Specialization:  
Children, Youth & Families: ____     Health/Behavioral Health with Adults:____     Public Child Welfare:____

Certificate Program:  Yes:__  No:__  Name of Certificate:__________________________________________________________

Internship Semesters:  Two consecutive semesters or a Block placement. Example: Fall 2017–Spring 2018, Summer Block 2017)

1st Semester & Year:_____________         2nd Semester & Year:________ or Semester 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 Stipend:      $_______ (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 Date: _________________________

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

Tucson Campus:  Fax: 520-884-5949; Tel: 520-884-5507, ext. 20608

Rev.02/14/17 CP