School of Social Work

IPT STUDENT FORM
(All Information Is Required)

Student Last Name: ____________________________ First Name: ____________________________ Middle Initial: ____________________________

ASU Student ID Number: ____________________________

Street Address: ____________________________

City, State, Zip Code: ____________________________

Primary Phone Number: ____________________________

ASU Email Address Only: ________________________________________________________________

<table>
<thead>
<tr>
<th>On-Ground Program</th>
<th>BSW: _____</th>
<th>MSW Foundation (1st internship of MSW): _____</th>
<th>*MSW Concentration (2nd internship of MSW): _____</th>
</tr>
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<tbody>
<tr>
<td></td>
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<td>*(Also Advanced Standing)</td>
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<table>
<thead>
<tr>
<th>Online MSW Program</th>
<th>MSW Foundation (1st internship of MSW): _____</th>
<th>MSW Concentration (2nd internship of MSW): _____</th>
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<tr>
<th>Internship Semesters:</th>
<th>Please fill in two semesters. (Semesters are usually consecutive -- two semesters equals one academic year.)</th>
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</thead>
<tbody>
<tr>
<td>1st Semester &amp; Year:</td>
<td>2nd Semester &amp; Year:</td>
</tr>
<tr>
<td>(Insert above: Fall, Spring OR Summer &amp; year)</td>
<td>(Insert above: Fall, Spring OR Summer &amp; year)</td>
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</tbody>
</table>

MSW Concentration Year -- Please check one of the following:
1. MSW Advanced Direct Practice (ADP) Specializations:
   a. Children, Youth & Families: _____
   b. Health/Behavioral Health with Adults: _____
   c. Public Child Welfare:
      o Child Welfare Education Project (Check one): Phoenix:___ Tempe:___ Other:___ Not Assigned:___
2. MSW Policy, Administration & Community (PAC): _____

Online Students:
3. MSW Online Advanced Generalist (AG): _____

Work Variance Request: Yes: ___ No: ___ (Please assure that the Work Variance Packet is complete before submission.)
A Work Variance Request is available to students who have a minimum of six months employment at a social service agency and is due six weeks before the start of the semester.

Please submit this IPT Student Form via fax:
Phoenix Office: (602) 496-0199
Tucson Office: (520) 884-5949

Or, submit hard copy to the Field Education Office or scan/email to Joan.Hughes@asu.edu (Phoenix); Linda.Shumaker@asu.edu (Tucson)

***For SSW Field Education Office Use Only***

Date Verified as Eligible by SSW Academic Services: ___________________________________________

Date Entered in IPT System: _________________________________________________________________

Date IPT Login Code Emailed to Student: _______________________________________________________

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