

INTERNSHIP CONFIRMATION FORM

Clear Form

Submit this form when the placement is mutually agreeable between the student and Field/Practicum Instructor. Once submitted to the Field/Practicum Office, the placement will be reviewed and, if approved, an internship confirmation email will be sent. It is the student's responsibility to ensure that all pre-placement requirements, costs, trainings, and documentation are completed.

Students: indicate your program and level below, complete all areas marked with an X, sign, and date

Downtown Phoenix Campus	Tucson Campus	Online Program
<input type="radio"/> BSW <input type="radio"/> MSW Generalist <input type="radio"/> MSW Specialization Advanced Direct Practice (ADP) <input type="radio"/> Children, Youth & Families <input type="radio"/> Health/Behavioral Health Adults <input type="radio"/> Public Child Welfare <input type="radio"/> MSW Specialization Policy, Administration & Community (PAC)	<input type="radio"/> BSW <input type="radio"/> MSW Generalist <input type="radio"/> MSW Specialization Advanced Direct Practice (ADP) <input type="radio"/> Children, Youth & Families <input type="radio"/> Health/Behavioral Health Adults <input type="radio"/> Public Child Welfare	<input type="radio"/> BSW <input type="radio"/> MSW Generalist <input type="radio"/> MSW Specialization Advanced Generalist (AG)
	Yuma Campus	West Valley Campus
	<input type="radio"/> MSW Specialization Advanced Generalist (AG)	<input type="radio"/> BSW <input type="radio"/> MSW Specialization Advanced Generalist (AG)

Internship Information:

Agency Name:	X	
Site Address/City/Zip:	X	
Please indicate if participating in: <input type="checkbox"/> AmeriCorps <input type="checkbox"/> Behavioral Health HRSA Grant <input type="checkbox"/> Child Welfare Education Project (CWEP) <input type="checkbox"/> Medical/Pre-Placements <input type="checkbox"/> Work Variance		
Practicum Instructor:	<input type="checkbox"/> BSW <input type="checkbox"/> MSW <input type="checkbox"/> On Site <input type="checkbox"/> Off Site*	
Practicum Instructor Name:		
Contact Phone:		Email Address:

Practicum Instructor Signature (Required): _____ **Date:** _____

*Task Instructor (Required if Field/Practicum Instructor is Off Site; Optional if On Site)			
Task Instructor Name:			
Contact Phone:		Email Address:	

Task Instructor Signature (Required): _____ **Date:** _____

Internship Semesters:

1 st Semester - 2 nd Semester & Year(s) Example: Fall 2024 - Spring 2025	X	
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Student Information:

Student Name:	X	
Student ID:	X	

X Student Signature (Required): _____ **X Date:** _____

Please submit this form:
 Email your Field/Practicum Specialist or sswfield@asu.edu
 Tucson & Yuma Students Email to Diana.Jimenez-Young@asu.edu