INTERNERNSHIP 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 20xx–Spring 20xx; Summer Block 20xx)

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.

*For SSW Field Education Office Use Only*

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:_________________________________________

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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

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