# Internship Confirmation Form

## Program/Internship Level

<table>
<thead>
<tr>
<th>Downtown Phoenix Campus</th>
<th>Tucson Campus</th>
<th>Online Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ BSW</td>
<td>○ BSW</td>
<td>○ MSW Foundation</td>
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<td>○ MSW Foundation</td>
<td>○ MSW Foundation</td>
<td>○ MSW Concentration/Advanced Generalist (AG)</td>
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<tr>
<td>○ MSW Concentration Advanced Direct Practice (ADP)</td>
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<tr>
<td>○ Children, Youth &amp; Families</td>
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<tr>
<td>○ Health/Behavioral Health Adults</td>
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<tr>
<td>○ Public Child Welfare</td>
<td>○ Public Child Welfare</td>
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<tr>
<td>○ MSW Policy, Administration &amp; Community (PAC)</td>
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**Internship Semesters:** 1st Semester & Year: _________ & 2nd Semester & Year: _________ or Semester Block & Year (480 Hours in One Semester): _________

**Student Name (Print):** ____________________________________________________________

**Internship Agency & Department Name (Print):** __________________________________________

**Internship Site Address/City/Zip:** _____________________________________________________

**Field Instructor:** □ BSW □ MSW □ On Site □ Off Site*

**Field Instructor Name (Print):** _______________________________________________________

**Field Instructor Contact Phone:** __________________________ Email Address: __________________________

**Field Instructor Signature (Required):** ____________________________________________ Date __________

*Task Instructor (Optional if Field Instructor On Site, Required if Field Instructor Off Site)

**Task Instructor Name (Print):** ______________________________________________________

**Task Instructor Contact Phone:** __________________________ Email Address: __________________________

**Task Instructor Signature:** ____________________________________________ Date __________

**Student Signature (Required):** ____________________________________________ Date __________

Please indicate if participating in: Child Welfare Education Project: _____ AmeriCorps: _____ Work Variance: _____

*For SSW Field Education Office Use Only*

**IPT Entry Date & Confirmation Emails Sent:** ____________________________________________

Please submit this form by:

Hard copy to The Field Education Collaborative (UCENT 869)
Email to sswfield@asu.edu • Fax: (602) 496-0199

Tucson Hard Copy to Tucson Campus or Email to Linda.Shumaker@asu.edu • Fax: (520) 884-5949

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