# Internship Confirmation Form

**Program/Internship Level**

<table>
<thead>
<tr>
<th>Downtown Phoenix Campus</th>
<th>Tucson Campus</th>
<th>Online Program</th>
</tr>
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<tbody>
<tr>
<td>○ BSW</td>
<td>○ BSW</td>
<td>○ MSW Foundation</td>
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<td>○ MSW Foundation</td>
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<td>○ MSW Concentration Advanced Generalist (AG)</td>
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<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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<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:

- **Email to Field Specialist or sswfield@asu.edu • Fax: (602) 496-0199**
- **Tucson Hard Copy to Tucson Campus or Email to Linda.Shumaker@asu.edu • Fax: (520) 884-5949**