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: ______________________________________________________

______________________________________________________________________________________________

On-Ground Program: BSW: _____ MSW Foundation (1st internship of MSW): _____ *MSW Concentration (2nd internship of MSW): _____ *(Also Advanced Standing)

Online MSW Program: MSW Foundation (1st internship of MSW): _____ MSW Concentration (2nd internship of MSW): _____

Internship Semesters: Please fill in two semesters. (Semesters are usually consecutive -- two semesters equals one academic year.)

1st Semester & Year: ___________ 2nd Semester & Year: ___________ OR Semester Block & Year: ___________

(Insert above: Fall, Spring OR Summer & year) (Insert above: Fall, Spring OR Summer & year) (Insert above: Fall, Spring OR Summer & year)

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 eight 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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