IPT STUDENT FORM
(All Information Is Required)

ASU Student ID Number:       Date:

Last Name:       First Name:    Middle Initial:

Address:        City, State, Zip Code:

ASU Email:       Phone Number:

____________________________________________________________________________________________________________

PROGRAM/INTERNSHIP LEVEL

○ BSW
○ MSW

DOWNTOWN PHOENIX CAMPUS & TUCSON CAMPUS
  ○ FOUNDATION - 1st internship of MSW
  ○ CONCENTRATION/ADVANCED STANDING - 2nd internship of MSW
    ○ MSW Advanced Direct Practice (ADP) Specializations
      ○ Children, Youth & Families
      ○ Health/Behavioral Health with Adults
      ○ Public Child Welfare
    ○ MSW Policy, Administration & Community (PAC)

ONLINE
  ○ FOUNDATION - 1st internship of MSW
  ○ CONCENTRATION/ADVANCED GENERALIST - 2nd internship of MSW

WEST PHOENIX CAMPUS & YUMA CAMPUS
  ○ CONCENTRATION/ADVANCED GENERALIST/ADVANCED STANDING

INTERNSHIP SEMESTERS

Fill in two semesters (Semesters are usually consecutive -- two semesters equals one internship.)

1st Semester & Year:_______________ & 2nd Semester & Year:_______________
(Insert one above: Fall, Spring OR Summer & the year) (Insert one above: Fall, Spring OR Summer & the year)

OR Other:___________________________ Note: Requires additional approvals

WILL YOU BE SUBMITTING A REQUEST TO UTILIZE EMPLOYMENT FOR FIELD EDUCATION (WORK VARIANCE)?

○ Yes  ○ No

If yes agency name and address ________________________________________________________________

A Request is available to students who have a minimum of six months employment at a social service agency and requires completion of a Work Variance Packet due eight weeks before the start of the semester.

Please submit this form by: Email to your Field Specialist or sswfield@asu.edu • Tucson/Yuma Email to Linda.Shumaker@asu.edu • Fax: (520) 884-5949