

Chicago State University
Master of Social Work Program

Work Site/Employer Field Practicum Proposal

Social Work Student: _____

Status: Full Time Student _____ Part Time Student _____

Agency Name: _____

Practicum Location: _____

MSW Field Instructor: _____

Phone: _____

Work Supervisor: _____

Phone: _____

Foundation Field: Completion of ___SWK 5460 and ___SWK 5461 (Total Hours = 400)

Advanced Field: Completion of _____

Revised June 2017

As a MSW Intern	<i>I. 1st semester/ 2nd semester</i> (Circle One)	<i>II. 1st semester/2nd semester</i> (Circle One)	<i>III. As an Employee</i>	
Monday			Monday	
Tuesday			Tuesday	
Wednesday			Wednesday	
Thursday			Thursday	
Friday			Friday	
Saturday			Saturday	
Sunday			Sunday	

Please return this form with the original signatures of the following persons:

- the field instructor
- the student intern's work supervisor
- the student intern
- the faculty liaison

I attest that this proposed employment is different from and will not affect the field placement.

Agency Field Instructor Signature Date

Student Intern's Work Supervisor Day to Day Date

Student Signature Date

Faculty Liaison Signature Date

Director for Field Education Date

Please return this form to:

Lolita Godbold
Director for Field Education
Department of Social Work
9501 S. King Drive/SCI 116E
Chicago, IL. 60652

The Director of Field Education has met with the student, field instructor and the student's work supervisor. All parties agree that they are able to support the student who is also an employee as a student intern.

This Work Site/Employer Field Practicum Proposal has been approved.

The Director of Field Education has met with the student, field instructor and the student's work supervisor. It has been determined that this placement is unable to support the student who is also an employee as a student intern.

This Work Site/Employer Field Practicum Proposal has been denied.

Director for Field Education

Date