

CHICAGO STATE UNIVERSITY
Master of Social Work Program
Confirmation of Student Placement

Student Name: _____

Concentration: _____

Foundation Placement: _____ **Advanced Placement:** _____ **Post MSW** _____

I have interviewed for Field Placement with the following organizations:

- | | | |
|-----------|-------|-----------------------|
| 1. | _____ | Date:
_____ |
| | _____ | |
| 2. | _____ | Date:
_____ |
| | _____ | |

I have accepted the following field placement:

Name of Organization: _____

Name of Field Instructor: _____

Address of Field Instructor: _____

Phone number of Field Instructor: _____

Email of Field Instructor: _____

My field Instructor has a MSW with 2 years post-masters experience? Yes or No

If “No” please note that arrangements to receive the required MSW supervision must be made either within the agency or with the university. It is the responsibility of the student to inform the Director of Field Education, Lolita Godbold of either the arrangement with the agency or the need for the university to provide the required supervision.

Please return this form to: Lolita Godbold by email at swkfield@csu.edu