

**CHICAGO STATE UNIVERSITY**  
**Master of Social Work Program**

**Field Placement Schedule Agreement**  
**Post MSW Type 73 Field Practicum**

**This schedule is a part of the student learning contract; please submit a copy of this schedule agreement to your faculty field liaison and the field director Lolita Godbold at [lgodbold@csu.edu](mailto:lgodbold@csu.edu).**

**Parties to the Contract:**

Social Work Student:	Day Time Phone:	Email
Agency Field Instructor:	Email:	
Adjunct/Task Field Instructor (if applicable):		
Faculty Field Liaison:		
Practicum Agency:		
Practicum Address:		
Practicum Phone:	Fax:	Email:

**Field Hours Required:** Indicate which semester this schedule represents.

Advanced Field: Completion of <u>300</u> Hours per Semester	(        ) Semester 1	(        ) Semester 2
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**Placement Schedule:**

Date field practicum will begin:		Date field practicum will end:	
Day of Week	Daily Start Time	Daily End Time	
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			