

JOINT SOCIAL WORK FIELD INSTRUCTION PROGRAM
North Carolina A&T State University
Department of Sociology & Social Work

The University of North Carolina-Greensboro
Department of Social Work

AGENCY REQUEST FOR UNDERGRADUATE FIELD PLACEMENT (BSW)
(Continuing Agencies)

Name of Agency: _____

Address: _____

Name & Title of Executive: _____

Telephone: _____ FAX: _____

Name of Person Coordinating Internships: _____

*Name & Title of Field Instructor(s) [Person(s) who will provide direct field instruction]

Field Instructor: _____ Tel. _____

Field Instructor: _____ Tel. _____

Field Instructor: _____ Tel. _____

Number of undergraduate students agency can accommodate during 2010-2011 academic year: _____

*Please identify above named field instructors who have not previously supervised students in the Joint Field Instruction Program.

Name: _____

Name: _____

Name: _____