

University of Cincinnati  
School of Social Work

MSW Preliminary Confirmation of Field Placement

**Student:** (This section is to be completed by the student)

Name: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ ( ) Work \_\_\_\_\_ ( ) \_\_\_\_\_  
Email address

Address: \_\_\_\_\_  
Street City St Zip

**Agency Name:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street City St Zip

(The remaining sections are to be completed by the **Field Instructor**)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

May we contact you by Email? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Field Instruction Arrangements**

I will conduct my field practicum:

on (Day) \_\_\_\_\_ from (Hours) \_\_\_\_\_

on (Day) \_\_\_\_\_ from (Hours) \_\_\_\_\_

on (Day) \_\_\_\_\_ from (Hours) \_\_\_\_\_

**Additional Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The student should return this form to the Director of Field Education