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: _______________________________________________________