



UNIVERSITY OF CENTRAL FLORIDA

School of Social Work  
Health and Public Affairs I  
12805 Pegasus Drive  
Orlando, FL 32816

<b>FOR OFFICE USE ONLY:</b>
Date Received: _____
Signature of Field Office Rep.: _____
AA Expiration Date: _____
<input type="checkbox"/> IPT

OFFICE OF FIELD EDUCATION

**FIELD PLACEMENT CONFIRMATION FORM**

STUDENT INFORMATION

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

UCF Email: \_\_\_\_\_@knights.ucf.edu

Phone Number: \_\_\_\_\_

STATUS

(FT = Full Time, PT = Part Time, ADVS = Advanced Standing)

- BSW FT     MSW Generalist FT     MSW Clinical FT     MSW ADVS FT
- BSW PT     MSW Generalist PT     MSW Clinical PT     MSW ADVS PT

AGENCY INFORMATION:

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

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

Phone Number: \_\_\_\_\_ Program/Field Site: \_\_\_\_\_

Agency Field Instructor: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Agency Task Supervisor: (if applicable) \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

SIGNATURES:

The signatures below confirm that the student and field instructor agree upon a field placement at the above agency and that the field instructor can provide a minimum of one hour of supervision per week:

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Field Instructor Signature

\_\_\_\_\_  
Date

THIS FORM MUST BE SUBMITTED TO THE FIELD EDUCATION OFFICE PRIOR TO THE BEGINNING OF THE FIELD PLACEMENT IN ORDER FOR ALL FIELD HOURS TO COUNT