FIELD PLACEMENT INFORMATION FORM*

Student Name ________________________________________________________________

Semester (circle one):  Spring Fall Summer Year: ____________
Total # of Credits: _____ (including 1 credit for mandatory seminar component)

Program (check all that apply):

______ Field Placement Clinic (1-3 credits)
______ Advanced Field Placement Clinic (1-3 credits)
______ Semester in Practice (4-12 credits)

Multiple Externships? Y/N _____
(If you answer Y, please complete a separate form for each field placement.)

Contact Info for Student:

Preferred Email: _____________________________  Cell Phone: _______________________

Field Placement Firm/Agency/Court: ________________________________________________

Field Placement Supervisor: ______________________________________________________

Contact Info for Field Placement Supervisor:

Email: _______________________________  Telephone: _____________________________

Mailing Address: _______________________________________________________________

*By submitting this form, you warrant that you will have successfully completed 28 credits, including BLS-Research and BLS-Writing, prior to beginning your field placement.