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.