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: ______________________________________________________________

This externship is compensated (circle one):  Yes  No

*By submitting this form, you warrant: 1) that you will have successfully completed 28 credits, including BLS-Research and BLS-Writing, prior to beginning your field placement; 2) that you are not participating in a live-client clinic during the same semester as your placement; and 3) that you are in good academic standing.