



To: MSW Field Education Coordinator
School of Social Work
Grand Valley State University

401 W. Fulton St, Suite 391C
Grand Rapids, MI 49504
(616)331-6550 – Fax (616)331-6570

Student's Name _____

Student has not interviewed

Student has interviewed

Student has not been accepted

Student has been accepted

Reasons(s) for not interviewing/or not accepting student _____

AGENCY CONTACT INFORMATION

Social Work Field Education to be completed at:

Name of Agency: _____

Name of Program (Department): _____

Address: _____

City State Zip Code

FIELD INSTRUCTOR CONTACT INFORMATION

Please provide contact information for the field instructor (LMSW) who will supervise the student's field education.

Field Instructor Name (Print)

Field Instructor's Signature

Field Instructor's Email address

Field Instructor's Telephone Number

Field Instructor Fax Number

Date

PLEASE RETURN THIS COMPLETED FORM WITHIN FIVE (5) WORKING DAYS