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.