



MASTER OF SOCIAL WORK PROGRAM  
PROPOSAL TO UTILIZE EMPLOYER FOR FIELD PLACEMENT SITE

DATE \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_  1<sup>st</sup> YEAR INTERN  2<sup>nd</sup> YEAR INTERN

AGENCY NAME \_\_\_\_\_ CONTACT NAME \_\_\_\_\_

AGENCY ADDRESS \_\_\_\_\_ CONTACT E-MAIL \_\_\_\_\_

AGENCY PHONE # \_\_\_\_\_

AGENCY WEBSITE \_\_\_\_\_

NAME OF UNIT/DEPT. WHERE STUDENT WORKS \_\_\_\_\_

STUDENT'S EMPLOYMENT TITLE \_\_\_\_\_

STUDENT'S CURRENT EMPLOYMENT STATUS (check one)  FULL-TIME  PART-TIME

NUMBER OF YEARS EMPLOYED AT AGENCY \_\_\_\_\_

DESCRIPTION OF CURRENT EMPLOYMENT ASSIGNMENT/DUTIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME OF CURRENT SUPERVISOR \_\_\_\_\_ E-MAIL \_\_\_\_\_

PROPOSED FIELD PRACTICUM SITE/UNIT/DEPT. \_\_\_\_\_

NAME OF PROPOSED FIELD INSTRUCTOR\* \_\_\_\_\_

E-MAIL \_\_\_\_\_ PHONE # \_\_\_\_\_

**\*A field instructor must have 2 yrs. post-MSW practice experience, and provides 1 hour of weekly supervision.**

IS THE PROPOSED FIELD INSTRUCTOR  ON-SITE OR  OFF-SITE?

**You will need a Task Supervisor if your internship activities are arranged and monitored by someone who does not possess the qualifications to serve as a Field Instructor.**

IF APPLICABLE, NAME OF PROPOSED TASK SUPERVISOR \_\_\_\_\_

PHONE # \_\_\_\_\_

*\*A Task Supervisor does not hold an MSW degree, but does have a master's degree (or is an expert in a particular subject area); OR has an MSW but not the 2 years' post-master's experience.*

DEGREE OF PROPOSED TASK SUPERVISOR \_\_\_\_\_

DESCRIBE HOW THE PRACTICUM LEARNING ACTIVITIES WILL BE SIGNIFICANTLY DIFFERENT FROM  
EMPLOYMENT RESPONSIBILITIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PROPOSED SCHEDULE FOR ACADEMIC YEAR:

PRACTICUM SCHEDULE (16 HRS PER WEEK) \_\_\_\_\_

EMPLOYMENT SCHEDULE \_\_\_\_\_



**Memorandum of Understanding**  
*Regarding*

**Students Using Their Place of Employment as a Placement Site**

This form serves as an agreement between the California State University, Stanislaus Master of Social Work Program and \_\_\_\_\_ regarding the placement of \_\_\_\_\_.

Agency name  
Student Intern's name

The above named student is an employee at the above named Agency and will remain on employee status during their student practicum. The following conditions are approved by the Agency and the Social Work Program to protect the educational integrity of the student's field placement.

1. The site will have a designated MSW level field instructor, who is not the direct administrative (agency) supervisor of the student's work responsibilities. The designated field instructor for this placement is \_\_\_\_\_.
2. The learning experiences developed for the student will be selected from a unit of the agency separate and apart from the unit where he/she is an employee.
3. The learning experiences assigned to the student will address the educational needs and objectives of the student and will differ substantially from their employee responsibilities.
4. The agency and student agree to the attached plan regarding work hours and assignments that sets apart the work and the practicum times and assignments.
5. The agency agrees to provide the student with a work schedule of no more than 30 hours per week, designed to assist the student in meeting his/her required practicum hours of 250 hours per semester.

**Signatures:**

_____ SIGNATURE OF AGENCY REPRESENTATIVE (current supervisor or administrator)	_____ PRINT NAME	_____ DATE
_____ SIGNATURE OF STUDENT INTERN	_____ PRINT NAME	_____ DATE
_____ SIGNATURE OF PROPOSED FIELD INSTRUCTOR (IF APPLICABLE)	_____ PRINT NAME	_____ DATE
_____ SIGNATURE OF PROPOSED TASK SUPERVISOR	_____ PRINT NAME	_____ DATE

**REVIEWED BY FIELD COORDINATOR:** Approved  Not Approved

Disapproved for the following reason: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE DATE

Return form to: Department of Social Work, Attn: Field Education  
One University Circle | DBH 122 | Turlock, CA 95382  
OR e-mail to [MSWfield@csustan.edu](mailto:MSWfield@csustan.edu)