



Check Only That Apply

MSW

F/T: _____

P/T: _____

BSW: _____

BSW Child

Welfare: _____

Agency Interview Form

Student Information

Student Name _____
(First Name Last Name)

Student U Number _____ Semester: Fall__ Spring__ Summer__ Year ____

Anticipated Graduation Date _____

Agency of Interest Information

Name of Agency _____ Name of Program _____

Address of Agency _____

Address of program if different from agency _____

Name of Agency Contact _____ Agency Contact Phone # _____

Agency Contact Email _____

Student Interview Information

Appointment Date: _____ Appointment Time: _____

I interviewed with _____ Phone: _____

Is the person you interviewed with going to be your *Field Instructor: Yes__ No__

If not, who will be your Field Instructor _____ Field Instructor email _____

Field Instructor phone# _____

____ I would like to do my placement at this agency
____ I do not wish to do my field placement at this agency

Student Signature _____ Date: _____