UNDERGRADUATE SOCIAL WORK PROGRAM
ALABAMA A&M UNIVERSITY
(256) 372-5475

FIELD PRACTICUM ACCEPTANCE FORM

FALL _________ SPRING _________ SUMMER _________

AGENCY: ____________________________________________

AGENCY'S ADDRESS: __________________________________

STUDENT'S NAME: ____________________________________

DATE INTERVIEW COMPLETED: ____________________________

FIELD PRACTICUM DECISION:        ACCEPTED FOR PLACEMENT
                                             NOT ACCEPTED FOR PLACEMENT

FIELD INSTRUCTOR'S NAME: _______________________________________________________________________

FIELD INSTRUCTOR'S PHONE: (___) ________________

RETURN TO:  Professor Esophia Clayborn, LCSW, PIP
              Coordinator of Field Instruction
              Undergraduate Social Work Program
              Alabama A&M University
              P.O. Box 302
              Normal, AL 35762

For Official Use Only:

Coordinator of Field Instruction: ________________________________