

## CERTIFICATION OF FIELD PLACEMENT

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

Student's Name:

401 W Fulton St Ste 391C Grand Rapids, MI 49504 616-331-6550 FAX: 616-331-6570

Student has not interviewed	Student has interviewed
Student has not been accepted	Student has been accepted
Reason(s) for not interviewing/accepting stud	dent:
AGENCY CONTACT INFORMATION	
Social Work Field Education to be completed	at:
Name of Agency:	
Name of Program (Department):	
Address:	
City	State Zip
FIELD INSTRUCTOR CONTACT INFORMAT	ION
	eld Instructor (BSW/MSW) who will supervise the student's field education
Field Instructor Name	
Field Instructor Email Address	Field Instructor Telephone Number
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Field Instructor Fax Number	Date
Tield Histi detoi i ax ivambei	Date

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