

## MSW AGENCY FIELD ACCEPTANCE FORM

### Agency Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

Agency Interviewer \_\_\_\_\_ Phone # \_\_\_\_\_

E-mail \_\_\_\_\_

We ask that you share with us your final decision relative to the student's status regarding the field practicum in your agency.

Student Name

Accepted

Date

\_\_\_\_\_

Not Accepted

\_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Check ( ☐ ) if interested in interviewing additional students

Check ( ☐ ) if you will be the student's field instructor

If not, field instructor's name: \_\_\_\_\_

Phone # \_\_\_\_\_

E-mail \_\_\_\_\_

### Return Form To:

Derrick Hopperton, MSW, LISW-S  
Cleveland State University  
2121 Euclid Avenue, RT-1432  
Cleveland, OH 44115-2214  
[d.hopperton@csuohio.edu](mailto:d.hopperton@csuohio.edu)

If you have any concerns regarding field placement, please call 216-687-4516.