



College of Health, Human Services and Nursing
Department of Human Services

Fieldwork Placement Form

Student Information

Date: _____

Name: _____ Student ID: _____

Street address: _____

City: _____ Zip code: _____

Home phone: _____ Cell: _____

TORO email: _____

SEMESTER: *(check one)*

Fall Spring Summer YEAR: _____

*SEMINAR: *(check one)*

380/381 (Beginning: 1st semester) 390/391 (Intermediate: 2nd semester)

480/481 (Advanced: 3rd semester) 484S/485 (MHR)

**Seminar courses are taken in sequential order*

Class time: _____ Class Day(s): _____ Instructor: _____

Secured Fieldwork Placement

Student has interviewed and accepted the following agency for internship:

Agency Name: _____

Agency Address: _____

Agency Phone Number: _____

Supervisor's Name: _____

Supervisor's Phone Number: _____

Supervisor's email: _____

Is this an Approved Site? Yes No SLICE

If NO: *Students must contact the Human Services Field Coordinator for assistance with placement.*

Visit the Human Services website <https://www.csudh.edu/human-development/human-services/> for **Approved Agency** list.