

FIELD INTERNSHIP ACCEPTANCE FORM

Please return this form to Ananda Rosa (arosa@uark.edu), Field Education Director

Name: _____

Student ID: _____

Date: _____

Agency Name/unit: _____

Field Instructor Name: _____

Field Instructor e mail: _____

Internship Semester (Please circle):

Fall

Spring

Summer

20_____

FOR FIELD INSTRUCTOR:

I have interviewed and accepted this student for internship at my agency.

Signature

Date

The Field Instructor is: Myself Other

(Please circle)

If other, please give name and contact information

Name: _____

Address: _____

Phone: _____

E mail: _____

FOR STUDENT:

I accept this placement and am aware of all orientation and pre-internship requirements and am aware of my internship start date.

Signature

Date