METROPOLITAN COLLEGE OF NEW YORK | MCNY

FORM 1

# SUPERVISED FIELDWORK ACCEPTANCE FORM

| **STUDENT NAME:** |
|---|

**Field Work Site:**

| | |
|---|---|
| Organization: | Supervisor: |
| Address: | Title: |
| Address (cont'd): | Email: |
| **Office Telephone**: | Highest Degree Earned: |
| | # of Years in Human Service: |
| Fax:: | **Business Card Submitted** ❑ |

**Student Employment/Internship Status (check one):**

| | | |
|---|---|---|
| ❑ Full-Time Employee | Total Hours per Week ____ | Title: |
| ❑ Part-Time Employee | Total Hours per Week ____ | Title: |
| ❑ Intern* | Total Hours per Week ____ | Title: |

**School Information:**

| Program/Semester & Year of Study | Constructive Action Information |
|---|---|
| ❑ Human Services ❑ BAUS | Purpose: |
| ❑ Fall 20__<br>❑ Spring 20__<br>❑ Summer 20 __ | **Constructive Action Instructor Name:**<br><br>**Initial:** _____ |

Student agrees to accept placement at Field Agency and comply with his or her responsibilities as set forth in the Supervised Fieldwork Policies and Procedures Manual provided by College. Student acknowledges that failure to abide by policies and procedures set by the Field Agency may result in termination of the internship by the Field Agency. The College Code of Conduct as set forth in the College Student Handbook also binds student, and violations of the Code of Conduct may result in termination of the internship as well as other disciplinary action by the College. Student acknowledges that termination of the internship may affect his or her ability to complete degree requirements.

_____ _____ _____

**(Print Student's Name)** **(Student Signature)** **(Date)**

Field Supervisor agrees to comply with his or her responsibilities as set forth in the Supervised Fieldwork Policies and Procedures Manual and Fieldwork Agency Agreement Form provided by the College, including completion and return of the student evaluation form provided by the College by the twelfth week of the academic semester.

_____ _____ _____

**(Print Supervisor's Name)** **(Supervisor Signature)** **(Date)**

**STUDENT INSTRUCTIONS: RETURN THE ORIGINAL FORM TO YOUR CONSTRUCTIVE ACTION (CA) INSTRUCTOR, WHO WILL SUBMIT THE ORIGINAL TO THE OFFICE OF EXPERIENTIAL LEARNING, SUBMIT ONE (1) COPY TO YOUR FIELDWORK SUPERVISOR AND KEEP ONE (1) COPY FOR YOUR RECORDS.**