COLLEGE OF
LIBERAL ARTS & SOCIAL SCIENCES
SOCIAL WORK
CENTRAL MICHIGAN UNIVERSITY

# Approval Form – Social Work Related Experience (Volunteer or Paid)

Social Work Program, Anspach Hall 034, Mount Pleasant, MI 48859
E-mail: swk@cmich.edu Phone: 989-774-2690

## To be completed by the Supervisor:

Supervisor Name: _____ Title/Degree: _____

Relationship(s) to Applicant (if other than professional): _____

Agency Name: _____ Phone: _____

Agency Address: _____

**Please describe:**

- the agency and its primary services:
- activities in which the student will participate (should be primarily related to social work activities):
- client population to be served and how much contact student will be able to have with clients (required to have some):
- opportunities to see programs and nonprofit or social service organizations operations (desirable):

**Please provide the estimated number of hours to be completed in this setting** (subject to advisor approval)**:** _____

*The supervisor is asked to document the student's participation. After this experience, the supervisor will return a separate reference form providing insight into the student's appropriateness for the social work profession.*

Signature of Supervisor: _____ Date: _____

## To be completed by the student:

**Student Name (print):** _____ **Date:** _____

Are you enrolled or planning to enroll in the SWK 206 Pre-Professional Applied Experience course (yes or no)? _____

*Note: All BSW students must complete at least 100 hours of social work-related experience in not more than two settings, with at least 35 hours in the shorter experience. An approval form must be submitted for each proposed setting. At least 50 hours must be completed by the end of the semester in which the student applies to the social work program. Any remaining hours must be completed by December of the year applied (before taking SWK 321 in the spring semester).*

The student or the supervisor may submit this form by mail or email:

Lissa Schwander, Social Work Program
Anspach Hall 034, Mount Pleasant, MI 48859
Phone: (989) 774-2690; E-mail: swk@cmich.edu

## To be completed by the CMU Social Work Advisor:

Number of hours approved: _____ Faculty Signature: _____ Date: _____

Comments: