



Employment Based Field Placement - Letter of Support

Student's Name: _____ Student ID# _____ Email: _____

This Letter or Support is to confirm that (Student Name) _____ is able to complete their social work Field Experience at their place of employment (Agency Name) _____.

The agency commits to ensuring that an appropriate environment for learning be provided, which includes time and opportunity to be involved in specific learning activities that are in accordance with the objectives of the MSU Denver Department of Social Work Professional Field Experience curriculum.

This includes the following parameters:

- Separate employment and internship supervisors
- Separate employment and internship activities
- Designated internship hours of at least 4-hour blocks
- Additional CSWE accreditation and program standards for internship hosts, partnered with MSU Denver Dept. of Social Work Office of Field Education

The agency can request a copy of the students Employment Based Field Application that outlines these requirements

Agency Director Name Agency Director Signature Date

Field Instructor Name Field Instructor Signature Date

Task Supervisor Name Task Supervisor Signature Date
(If applicable) (If applicable)

Employment Supervisor Name Employment Supervisor Signature Date

Internship Coordinator Name Internship Coordinator Signature Date
(If applicable) (If applicable)

Student Employee Name Student Employee Signature Date