

FIELD EXPERIENCE APPLICATION

Please email completed form and resume to Michael Pelts at peltsmd@plu.edu

Student Name _____

Campus Address _____ Telephone _____

Summer Address _____ Summer Telephone _____

PLU e-mail address: _____ Summer e-mail address _____

Anticipated Graduation Date _____ Academic term applied for: Fall/Spring _____

You must attach a complete resume to this application.

Identify the skills you hope to learn in your Field Placement:

Languages spoken:

Preferred agency or population (List top three):

- 1.
- 2.
- 3.

Any additional considerations in selection of field experience (such as work-study eligibility, flexibility in scheduling hours, geographic location, special needs, etc.)

FOR OFFICE USE ONLY:

Overall GPA: _____ SOCW GPA: _____ Completed audio taped interview: _____

Assigned Agency _____ Supervisor _____

Telephone _____ e-mail Address _____

Qualifications: MSW _____ BSW _____