

**Appendix N**

**CENTRAL CONNECTICUT STATE UNIVERSITY  
SOCIAL WORK PROGRAM**

**APPLICATION FOR SENIOR FIELD EXPERIENCE**

**FOR SEMESTER \_\_\_\_\_**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Academic Year Address: \_\_\_\_\_

Summer Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Student ID # \_\_\_\_\_

Current Grade point Average CCSU: \_\_\_\_\_ Current Grade point Average Social Work Major: \_\_\_\_\_

Do you have a Connecticut Drivers License? \_\_\_\_\_

Do you have access to transportation? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Full Time Hrs. \_\_\_\_\_ Part-Time Hrs. \_\_\_\_\_

If yes, please indicate organization and current job description:

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If yes, please indicate your weekly schedule anticipated during field experience:

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