

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 pri	marily related to social work activities):
client population to be served and how much contact stude	ent will be able to have with clients (required to have some):
opportunities to see programs and nonprofit or social service	ce organizations operations (desirable):
Please provide the estimated number of hours to be completed	d in this setting (subject to advisor approval):
The supervisor is asked to document the student's participatic reference form providing insight into the student's appropriate	·
	Date:
To be completed by the student:	
Student Name (print):	Date:
Are you enrolled or planning to enroll in the SWK 206 Pre-Profe	essional Applied Experience course (yes or no)?
	form must be submitted for each proposed setting. At least 50 the student applies to the social work program. Any remaining
The student or the supervisor may submit this form by mail or	email:
Susan Grettenberger, 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:	

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