

**APPLICATION FOR BSW FIELD INSTRUCTOR
LOYOLA UNIVERSITY OF CHICAGO
UNDERGRADUATE SCHOOL OF SOCIAL WORK
820 North Michigan Avenue, Chicago, IL 60611**

PLEASE PRINT OR TYPE:

Date: _____

Name of Field Instructor: _____

Name of Agency: _____

Address of Agency: _____

Telephone Number: _____

(home)

(business)

(fax)

Email: _____

UNDERGRADUATE EDUCATION:

School	Date of Graduation	Degree
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GRADUATE EDUCATION:

School	Date of Graduation	Degree
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School	Date of Graduation	Degree
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COURSE IN FIELD INSTRUCTION AND/OR SUPERVISION:

School	Date
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PROFESSIONAL EXPERIENCE:

Agency	Position	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

PREVIOUS EXPERIENCE IN FIELD INSTRUCTION OF SOCIAL WORK STUDENTS:

School	Agency	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please complete the Field Agency Profile.

Signature of
Applicant: _____

Date: _____