

**SCHOOL OF SOCIAL WELFARE
STONY BROOK UNIVERSITY**

**ADJUNCT FOR FIELD WORK EDUCATION
APPLICATION APPOINTMENT FORM**

I. PERSONAL

Name: _____

Address: _____

Telephone: _____

II. CURRENT FIELD AGENCY AFFILIATION

Agency Name: _____

Agency Address: _____

Agency Phone: _____ Job Title: _____

III. FIELD INSTRUCTION EXPERIENCE

Name of Stony Brook Social Welfare Student	Name of Field Placement Agency	Dates of Supervision*	Grad / Undergrad
_____	_____	From _____ To _____	_____
_____	_____	From _____ To _____	_____
_____	_____	From _____ To _____	_____
_____	_____	From _____ To _____	_____
_____	_____	From _____ To _____	_____

*If you did not supervise the student for the entire academic year, please explain why.

IV. Please describe any additional involvement you may have had over the past five (5) years with the School of Social Welfare (e.g., teaching, lectures, field education coordinator /liaison, research, consultation etc.).

IV. GRADUATE AND POST GRADUATE EDUCATION

Name of Institution	Dates Attended	Degree / Date Graduated
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_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE ATTACH A CURRENT RESUME WITH THIS APPLICATION FORM.

Return to:

Betty Jean Wrase
Assistant Director, Office of Field Instruction
Stony Brook University
School of Social Welfare
Health Sciences Center, Level 2, Room 093
Nicolls Road
Stony Brook, NY 11974-8231