

**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
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

**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