



Verification of Fieldwork Continuance

This is to certify that _____ is continuing his/her field placement at _____, located at _____, address _____ city _____ state _____ zip _____, with _____ supervisor _____ phone number _____ during the _____ semester, 20____; and will accumulate a minimum of _____ hours per week during this semester of field placement. The original contract dated _____, will be in effect during this period.

Date

Students's Signature

Date

On-Site Supervisor's Signature

Date

Department Chairperson's Signature

- **This form may only be used if the student has the *same* field supervisor as in the previous semester(s). If the agency is the same, but the supervisor is different, a new "Fieldwork Application" must be completed.**