DOMINICAN UNIVERSITY of CALIFORNIA 1890

DEPARTMENT OF COUNSELING PSYCHOLOGY
DOMINICAN UNIVERSITY OF CALIFORNIA
School of Education and Counseling Psychology

50 ACACIA AVENUE, SAN RAFAEL, CA 94901
(415) 485-3263, FAX: (415) 458-3700

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.

_____
Student Signature

_____ _____
Date On-Site Supervisor Signature

_____
Director of Field Placement Signature
Robin Gayle, Ph.D.

- **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.**