

BRIDGEWATER STATE COLLEGE
Department of Social Work

MSW Field Instructor Agreement

I agree to supervise an MSW student for Bridgewater State College MSW Program during the _____ academic year.

Supervisor's Name (please print) e-mail address

Supervisor's Signature Academic Degree Level of Licensure

Agency Name and Address Agency Telephone #

Name of Student You Are Supervising (please print)

Days and Hours Student Will Be At Your Agency

*Please include a copy of your updated résumé when returning this form.

Please return form to:

Marcia Tarr, Clerk IV
MSW Program
Department of Social Work
Bridgewater State College
95 Burrill Avenue
Bridgewater, MA 02325