

BRIDGEWATER STATE UNIVERSITY
School of Social Work

MSW Field Instructor Agreement

I agree to supervise an MSW student for Bridgewater State University 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, Administrative Assistant I
MSW Program
School of Social Work
Bridgewater State University
95 Burrill Avenue
Bridgewater, MA 02325