MINNESOTA STATE UNIVERSITY, MANKATO
DEPARTMENT OF SOCIAL WORK
SOWK 312 JUNIOR FIELD EXPERIENCE

INTENT TO REGISTER

To be completed by each student planning on registering for SOWK 312. Submit this form to the Field Experience coordinator. This form provides the coordinator information about your interests and allows the coordinator the opportunity to reach you if they have questions or learn of a potential field site that might be of interest to you.

Date: ________________________

Semester and year you plan to enroll: ______________________________________

Student Name: __________________________________________________________

Student Address: _________________________________________________________

Student Telephone: _______________________________________________________

Student E-mail: __________________________________________________________

Tech ID: _______________________________________________________________

Preferred geographic location(s) for Field Experience:

_____________________________________________________________________

Preferred client population, type of agency:

_____________________________________________________________________

Agency or agencies you plan to contact: (Name and location)

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

*Students are STRONGLY encouraged to maintain a file of all materials submitted regarding SOWK 312.*