

Field of Practice Completion Form *(this form is to be submitted prior to you graduating)*

***Submit by (check one)**

- SPRING GRADS >If graduating in SPRING > submit by April 15**
- SUMMER GRADS >If you are taking summer courses > submit by July 15**
- FALL GRADS > If you are taking Fall courses > submit by November 15**
- WINTER GRADS > If you are taking Winter courses > submit by January 15**

MSW students who are:

2 year Fulltime, OYR and Accelerated students only need to fill out a FOP specializing in a Field of Practice (FOP) in their second year.

Please complete and submit this FOP FORM (Form and Specialization Plan) Please include the following to this form:
1- write or attach a brief statement from your paper or project for Research I or II or the topic of your Professional Seminar paper or project (see page 2)

2-Attach a copy of your unofficial transcript.(can be downloaded from your cunyfirst account)

PLEASE NOTE: IF YOU DO NOT COMPLETE THE ABOVE YOUR FOP WILL BE REJECTED AND RETURNED TO YOU.

NOTE: If you have Adobe Software, you can type directly into the highlighted textboxes.

Note: Please print your name and address below clearly. This is where your certificate will be mailed.

Student Name: _____

Street Address: _____ APT. # _____

City _____ State _____ Zip code _____

Telephone #: _____ Email address: _____

Major Method (check one) CPIF OML COP & D

Program (check one):

OYR Full time Program Accelerated Bank Street Dual-Degree

Name of Placement Agency

(2nd Year or OYR-II) _____

Field of Practice (check one):

Child Welfare: Children, Youth and Families Dr. Marina Lalayants mlalayants@hunter.cuny.edu

Aging: Dr. Nancy Giunta Nancy.Giunta@hunter.cuny.edu

Global Social Work and Practice Dr. Martha Bragin mbragin@hunter.cuny.edu
with Immigrants & Refugees:

Health/Mental Health: Dr. Alexis Kuerbis ak1465@hunter.cuny.edu

World of Work Sub-Specialization Dr. Paul Kurzman Pkurzman@hunter.cuny.edu

Please complete ONLY IF YOUR AGENCY OR YOUR ASSIGNMENTS HAVE CHANGED:

1. Name of New Field Placement or Agency

2. Population group(s) of interest

3. Description of new assignments or policy issues

addressed. _____

***Advisor signature- Only if placement information has changed**

Date

Please provide a brief description or paragraph of your research/professional Seminar topic into the below textbox (either type , write or attach doc)

Student signature _____

Date

****PLEASE MAKE SURE YOU SIGN THE FOP AND ATTACHED A COPY OF YOUR UNOFFICIAL TRANSCRIPT INORDER TO PROCESS THIS REQUEST****
Return the forms to the Student Affairs Office on the 3rd Floor (Room 301).attn: Ms. Briscese

******* For Student Services Dept. Below is for Internal-office use only –**

Field of Practice Chair _____

Date _____

Certificate Mailed _____