

Field of Practice Completion Form (Please submit this form in the 3rd floor offices, prior to Graduation)

Submit by (check one)

- SPRING GRADS > If graduating in Spring courses > submit by April 15
- SUMMER GRADS > If you are taking Summer courses > submit by August 1
- FALL GRADS > If you are taking Fall courses > submit by November 15
- WINTER GRADS > If you are taking Winter courses > submit by January 15

All Students specializing in a Field of Practice (FOP) in their second year, should submit this form.

Please include the following:

- 1- write or attach a brief statement from your paper or project for the Research sequence, or your Professional Seminar (see page 2)
- 2-Attach a copy of your unofficial transcript.(which can be downloaded from your cunyfirst account)
- 3-Return the forms to the Student Affairs Office on the 3rd Floor (Room 301).attn: Ms. Briscese

PLEASE NOTE: IF YOU DO NOT COMPLETE THE ABOVE YOUR FOP WILL NOT BE PROCESSED.

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)

- Clinical
- OML
- COP & D

**Program (check one):**

- OYR
- Full time Program
- Accelerated
- Advanced Standing
- Dual-Degree

Name of Placement Agency

(2nd Year or OYR-II) \_\_\_\_\_

**Field of Practice (check one):**

Child Welfare: Children, Youth and Families

Sexuality & Gender

Aging:

Criminal Justice

Global Social Work and Practice  
with Immigrants & Refugees:

School of Social Work

Mental Health:

Health

World of Work Sub-Specialization

Please provide a brief description or paragraph, describing your Research/Professional Seminar topic in the space provided below: ( either type, write or attach doc)

Student signature \_\_\_\_\_

Date \_\_\_\_\_

**\*\*PLEASE MAKE SURE YOU SIGN THE FOP FORM AND ATTACH A COPY OF YOUR UNOFFICIAL TRANSCRIPT IN ORDER 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 \_\_\_\_\_