

Central Connecticut State University
Department of Social Work

Transfer Student Field Experience and Service Learning Form

Name: _____

Please identify below the social work related field experiences or service learning opportunities you have benefited from while enrolled at a university or community college social service or human services program.

I. Field Experiences

1. Agency Name: _____

Total Number of Hours: _____

2. Agency Name: _____

Total Number of Hours: _____

II. Service Learning Opportunities

1. Service Learning Topic: _____

Service Learning Agency (if applicable): _____

Total Number of Service Learning Hours: _____

2. Service Learning Topic: _____

Service Learning Agency (if applicable): _____

Total Number of Service Learning Hours: _____

3. Service Learning Topic: _____

Service Learning Agency (if applicable): _____

Total Number of Service Learning Hours: _____

4. Service Learning Topic: _____

Service Learning Agency (if applicable): _____

Total Number of Service Learning Hours: _____