

**Student Intern Placement Tracking (IPT) Form**  
**(All Information Is Required)**

Student Last Name:

First Name:

Middle Initial:

ASU Student ID Number:

Street Address:

City, State, Zip Code:

Primary Phone Number:

ASU Email Address Only:

Academic Level: BSW: \_\_\_ MSW Foundation (1<sup>st</sup> year): \_\_\_ MSW Concentration (2<sup>nd</sup> year): \_\_\_

Distance Learning Program: MSW Foundation (Online): \_\_\_ MSW Advanced Generalist (Flagstaff/Online): \_\_\_

Child Welfare Education Project: Yes: \_\_\_ No: \_\_\_ Training Unit Assigned: Yes: \_\_\_ No: \_\_\_

Internship Semesters: (Please fill in two (2) consecutive semesters.)

1<sup>st</sup> Semester/Year: \_\_\_\_\_ 2<sup>nd</sup> Semester/Year: \_\_\_\_\_ OR Semester Block/Year: \_\_\_\_\_  
(Ex.: Fall, Spring or Summer 20\_\_ ) (Ex.: Fall, Spring or Summer 20\_\_ ) (Ex.: Fall, Spring or Summer Block 20\_\_ )

MSW Concentrations (2<sup>nd</sup> year intern)(Check one of the following three concentrations):

(1) MSW-ADP (Advanced Direct Practice): \_\_\_

- MSW-ADP Specializations (Check one of the following specializations):

(a) Children, Youth & Families: \_\_\_

(b) Health/Behavioral Health with Adults: \_\_\_

(c) Public Child Welfare:

- Child Welfare Education Project (Check one): Phoenix: \_\_\_ Tempe: \_\_\_ Other: \_\_\_ Not Yet Assigned: \_\_\_

(2) MSW-PAC (Policy, Administration & Community): \_\_\_

(3) MSW-AG (Advanced Generalist) (Flagstaff/Online): \_\_\_

Work Variance Request: Yes: \_\_\_ No: \_\_\_ Only completed work variance packets will be accepted.

Please submit this IPT Student Form via fax:

Phoenix Office: (602) 496-0199; Tucson Office: (520) 884-5949; Flagstaff: (602) 496-0199

**\*\*\*For SSW Field Education Office Use Only\*\*\***

Date Verified as Eligible by ASU SSW Academic Services:

Date Entered in IPT System:

Date IPT Login Code Emailed to Student: