**Please TYPE Name:**

[ ] I completed all the steps required to identify field education documents &
 resources on the social work website.

[ ] I am able to locate field education documents & resources on the social work
 website.

[ ] I know what field documents are needed prior to entry into my field education
 experience.

[ ] I know what the field requirements are for my program.

[ ] I know how to contact my field contact person.

[ ] I know how to locate the members of the field team at the School of Social Work
 at The University of Akron.

Student’s registered campus:

[ ] Akron Campus [ ] Lakewood Campus [ ]  Stark MHAR Cohort [ ] Wayne College

**Signature Box**

[ ]  a check in this box affirms that I hereby attest all of the information of this Agreement is true to the best of my knowledge and is the equivalent of my signature.

Click or tap to enter a date.

|**Thank you for investing in your professional development** |