

SOUTHERN CONNECTICUT STATE UNIVERSITY
APPLICATION FOR SEMINAR IN FIELD INSTRUCTION (SIFI)

Your application and resume will remain on file at SCSU for five years. Please protect your certificate!

Name: _____ **last 4 digits SS#** _____
(Please Print)

Home Address: _____

City **ST** **Zip Code**

Cell Phone:() _____

E-Mail Address: _____
(Print)

Agency Name: _____
(Print)

Agency Address: _____

City **Zip Code**

Your Agency Telephone:() _____

Your Agency Title: _____

Social Work Student Name _____

Please indicate preference: **Morning Classes** **Afternoon Classes**

This seminar is a requirement for all supervisors of social work students.
Please mail application along with your resume to:

Social Work Department, Field Placement Office
101 Farnham Avenue / New Haven CT 06515