*Submit by (check one)	I OIIII (this to	orm is to be submitted prior to you	graduating)
☐ SPRING GRADS > If graduating in SPRI	NG > submit by	April 15	
☐ SUMMER GRADS >If you are taking su	mmer courses	> submit by July 15	
☐ WINTER GRADS > If you are taking FA	LL courses > s	ubmit by December 15	
All MSW students specialize in a Field of Practice Form and Specialization Plan. If you have Adob textboxes. Print out the entire document sign it. AND	` ,	•	
***PLEASE ATTACH A CUNOFFICIAL TRANSCR on which you indicate the courses that you are usi Return the forms to the Student Affairs Office on the	IPT ing to fulfill the fie	eld of practice requirement	
Note: Please print your name and address below of Student Name:	•	•	iled.
Street Address:			
City	State	Zip code	
Telephone #: Email address:	·		
Major Method (check one) ☐ CPIF Program (check one):	□ oml	□ COP & D	
☐ OYR ☐ Full time Program ☐ Accelerated		☐ Bank Street Dual-Degree	
Name of Placement Agency (2nd Year or OYR-II)			
Field of Practice (check one):			
Child Welfare: Children, Youth and Families <u>Dr. Marin</u>	na Lalayants mlala	ıyan@hunter.cuny.edu	
Aging: Dr. Nancy Giunta Nancy.Giunta@hunter.cu	uny.edu		
Global Social Work and Practice Dr. Katharine Blowith Immigrants & Refugees:	oeser <u>kb1568@hu</u>	unter.cuny.edu	
Health/Mental Health: Dr. Alexis Kuerbis Dr. Rufina Lee	ak1465@hunte jl2280@hunter		
World of Work: Dr. Paul Kurzman, Pkurzman@hi	unter cuny edu		

Please complete ONLY IF YOUR AGENCY OR YOUR ASSIGNMENTS HAVE	CHANGED:	
1. Name of New Field Placement or Agency		
2. Population group(s) of interest		
3. Description of new assignments or policy issues		
addressed		
*Advisor signature- Only if placement information has changed	Date	10.
***Please provide a brief description of your research	/professiona	I Semina
opic into the below textbox (or attach doc)****		
Student signature		
I	Date	
********** For Student Services Dept. Below is for Internal-office use only –		
Field of Practice Chair		
Date		
		Page 2

Certificate Mailed_