

## Human Services Studies (HUS) Fieldwork Application

Name: \_\_\_\_\_

Due Date: \_\_\_\_\_

C#: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Fieldwork Semester: \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer 20\_\_\_

Adviser: \_\_\_\_\_

Cortland Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Minor (if any): \_\_\_\_\_

**Please read and initial each of the following statements. By initialing you indicate that you have read, understand and agree to each one.**

### Eligibility Criteria

\_\_\_\_\_ My GPA is 2.5 or above; Current GPA \_\_\_\_\_

\_\_\_\_\_ I am in good academic standing (not on academic probation)

\_\_\_\_\_ I have completed all required HUS degree courses, OR currently enrolled in the remaining required HUS degree courses

\_\_\_\_\_ No Incompletes (INC) or late grades (LG)

**List areas of focus or experiences you are interested in having as part of your fieldwork.**

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### Primary (or First Quarter) Agency Information

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person's Name and Title: \_\_\_\_\_

Contact Person's Email: \_\_\_\_\_ Contact  
Person's Phone: \_\_\_\_\_ **Back-Up Agency**

**Information**

**NOTE:** The Health Department recommends all students identify a back-up placement in the event that the planned placement does not work out. Although unlikely in most cases, it is typical for at least one planned placement to fall through every semester. These have the potential to delay fieldwork to a later semester.

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person's Name and Title: \_\_\_\_\_

Contact Person's Email: \_\_\_\_\_

Contact Person's Phone: \_\_\_\_\_

**Second Quarter Agency Information (if applicable)**

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person's Name and Title: \_\_\_\_\_

Contact Person's Email: \_\_\_\_\_

Contact Person's Phone: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*This section will be completed by the HCM Fieldwork Coordinator*

**Affiliation Agreement**

\_\_\_\_ Required                      \_\_\_\_ On file                      \_\_\_\_ On file, but needs HCM Addendum

\_\_\_\_ Not Required

**Contact for Affiliation Agreement**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

Form updated 9/14/2021