

To be completed by the applicant to One-Year Residency Program

Name of Applicant _____

In accordance with the Family Educational Rights and Privacy Act of 1974, do you waive your right to review your recommendation?

Yes No

Date _____ Signature _____

To be completed by respondent

The above-named person has applied for admission to the School of Social Policy & Practice's One-Year Residency Program (OYRP). Please complete this form so the Admissions Committee can evaluate the applicant's eligibility for the OYRP plan of study.

Name of person completing the form _____

Position _____

Relation to the applicant _____

Address _____

Phone Number _____

Return this form to: Director of Admissions
University of Pennsylvania
School of Social Policy and Practice
3701 Locust Walk
Philadelphia, PA 19104-6214
Phone: 2150898-5511 Fax: 215-573-2099

Dear Agency Representative:

Thank you for taking the time to complete this field instruction form for your employee who is applying to the University of Pennsylvania School of Social Policy & Practice's One-Year Residency Program. To be eligible for this program, the student must be currently employed on a full-time basis and have at least two years of supervision by an MSW. In addition, for the student to be accepted, the agency is required to agree to meet the regulations specified below.

Please complete the following information:

Applicant's Name _____

Name of Agency _____

Applicant has been employed at this agency for _____ years.

Applicant has been supervised by an MSW for at least two years. Yes No

Applicant's current job title _____

Applicant's current job responsibilities _____

At the time of field placement, the agency will be able to provide the following:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Field placement, with responsibilities 50% different from job responsibilities, of 4 days per week |
| <input type="checkbox"/> | <input type="checkbox"/> | Field placement supervisor with MSW and a minimum of two years of postgraduate experience. |
| <input type="checkbox"/> | <input type="checkbox"/> | This supervisor has not supervised the applicant before. |
| <input type="checkbox"/> | <input type="checkbox"/> | The MSW supervisor has taken Penn's supervision seminar. |
| <input type="checkbox"/> | <input type="checkbox"/> | If not, agency will allow the supervisor to participate in the supervision seminar at the University of Pennsylvania School of Social Policy & Practice. |

Please describe how the field work placement will be different from the applicant's current job responsibilities:

(We realize that since the field placement will occur three years in the future, it may be difficult to know exactly what placement will be. However, please indicate to the best of your ability what you would anticipate as the field placement opportunity.)

Please sign below as the authorized agency representative with the authority to approve the above specifications.

Name (please print) _____ Signature _____

Title _____ Date _____