

**Number of Field Hours Completed  
MSW Program  
St. Cloud State University  
Spring Semester**

At the end of Spring Semester, please list the number of hours you have completed. This form should be signed by your Field Instructor and returned to your Faculty Liaison by the end of the Spring Semester of your field internship. This form must be completed before grades can be given.

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

Internship site: \_\_\_\_\_

Field Instructor: \_\_\_\_\_

Task Supervisor (if applicable): \_\_\_\_\_

Faculty Liaison: \_\_\_\_\_

Number of Hours Completed	
January	
February	
March	
April	
May	
Total	

Student Signature: \_\_\_\_\_

Field Instructor Signature: \_\_\_\_\_

Task Supervisor Signature (if applicable): \_\_\_\_\_

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