

**Department of Social Work  
Florida Gulf Coast University**

**Request for Verification of MSW Graduation and Internship**

As part of the application process for licensure upon completion of your MSW degree you must request verification of your MSW program graduation and field placement hours to the Licensing Board.

**You must provide your file number with this request otherwise we are unable to process your letter!**

Please complete this form and email it to Dr. Hugh Clark at [hclark@fgcu.edu](mailto:hclark@fgcu.edu) or fax it to (239) 590-7758. A letter on FGCU letterhead will be emailed by no later than 1 week upon receipt of this completed form. The letter will be emailed to the Licensing Board and the email address you provide on this request form.

**File Number from Licensing Board:** \_\_\_\_\_

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

First	Middle	Last
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**Is your name now different from the one on your diploma?** \_\_\_\_\_

Yes	No
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**If yes, what was your last name at time of graduation?** \_\_\_\_\_

**FGCU University Identification Number (UIN):** \_\_\_\_\_

<p>_____</p> <p style="text-align: center;">Year admitted to FGCU MSW program</p>	<p>_____</p> <p style="text-align: center;">Year graduated from FGCU MSW program</p>
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**Did you attend as an Advanced Standing student?** \_\_\_\_\_

Yes	No
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**If yes, from what school did you earn your BSW degree?** \_\_\_\_\_

**Did you attend on a full-time or part-time basis?** \_\_\_\_\_

Full-time	Part-time
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**Did you enter the FGCU MSW program as a transfer student?** \_\_\_\_\_

Yes	No
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**If yes, from what school did you transfer?** \_\_\_\_\_

**If yes, how many field hours were completed prior to transfer?** \_\_\_\_\_

***Note: FGCU can only verify hours completed at FGCU, NOT field placement hours completed in another program. You will need to contact your transfer institution(s) to request verification of any other field placements.***

Please indicate field education courses completed at FGCU:

**Full Time Program**

**Part Time Program**

\_\_\_\_\_ Field Education I  
\_\_\_\_\_ Field Education II  
\_\_\_\_\_ Field Education III  
\_\_\_\_\_ Field Education IV

\_\_\_\_\_ Field Education IA  
\_\_\_\_\_ Field Education IB  
\_\_\_\_\_ Field Education IC

\_\_\_\_\_ Field Education IIA  
\_\_\_\_\_ Field Education IIB  
\_\_\_\_\_ Field Education IIC

**First Year Placement Agency:** \_\_\_\_\_

**Field Instructor (at agency):** \_\_\_\_\_

**Agency Street Address:** \_\_\_\_\_

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_  
**City State Zip Code**

**Second Year Placement Agency:** \_\_\_\_\_

**Field Instructor (at agency):** \_\_\_\_\_

**Agency Street Address:** \_\_\_\_\_

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_  
**City State Zip Code**

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**Your Current Mailing Address:** \_\_\_\_\_

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_  
**City State Zip Code**

**Your Current Email Address:** \_\_\_\_\_

**Your Current Phone Number:** \_\_\_\_\_

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**Licensing Board Mailing Address (if not, FL)** \_\_\_\_\_

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_  
**City State Zip Code**