STUDENT VERIFICATION FORM

Name: ___________________________  Wildcat ID #: __________________

The above student is an active student in the School of Social Work at
California State University, Chico. They are currently participating in
one of the following field education practicum and are in good
standing:

☐ Bachelors in Social Work Field Education Practicum
☐ Masters in Social Work Field Education Practicum

Enrollment Term/Year:  ☐ Fall 20________  ☐ Spring 20________

Student Signature: ___________________________  Date: __________________

Social Work Representative Signature: ___________________________
Date: ___________________________

School of Social Work - Field Education Practicum
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Chico, CA 95929-0100
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swrk@csuchico.edu | 530.898.6171