



Please check: SFP I or SFP II

Semester _____

HUMAN SERVICES PROGRAM

Student – Agency

FIELD PLACEMENT CONTRACT

(This form is to be typed.)

Name of Student (Type) _____

Name of Agency _____

Address of Agency _____

Name of Field Instructor _____

Telephone Number _____

Fax Number _____

Name of MTC Field Liaison _____

SIGNATURES

Student _____ Date _____
Signature

Field Instructor _____ Date _____
Signature

MTC Liaison _____ Date _____
Signature

I _____ have read the Human Services Code of Ethics and agree to abide by its principles.

Student Signature

Student ID#

Date

Updated: 04-08 - #3