



FIELD EDUCATION INTERNSHIP PLACEMENT CONFIRMATION

Date: _____

Student's Name: _____

Student's Address: _____

Phone Number: _____ Email Address: _____

Student's Advisor _____

Placement Site: _____

Address: _____

Phone Number at Placement Site: _____

Supervisor's Name: _____

Supervisor's Email: _____

Supervisor's Preferred Phone Number: _____

Student's Signature

Date

Supervisor's Signature

Date

Please return to: Alma Johnson-Hawkins
Director of Field Education
1325 N. College Ave.
Claremont, CA 91711
909-447-2534/FAX 909-447-6327
Email ajohnson-hawkins@cst.edu