Appendix H

Central Connecticut State University
Social Work Program

Transfer Student Field Experience and Service Learning Form

Please identify below the social work related field experiences or service learning opportunities you have benefited from while enrolled at a university or community college social service or human services program.

I. Field Experiences

1. Agency Name: _____________________________________________________________
   Total Number of Hours: _____________________

2. Agency Name: _____________________________________________________________
   Total Number of Hours: _____________________

II. Service Learning Opportunities

1. Service Learning Topic: ___________________________________________________
   Service Learning Agency (if applicable): _________________________________
   Total Number of Service Learning Hours: _______________________________

2. Service Learning Topic: _________________________________________________
   Service Learning Agency (if applicable): _________________________________
   Total Number of Service Learning Hours: _______________________________

3. Service Learning Topic: _________________________________________________
   Service Learning Agency (if applicable): _________________________________
   Total Number of Service Learning Hours: _______________________________

4. Service Learning Topic: _________________________________________________
   Service Learning Agency (if applicable): _________________________________
   Total Number of Service Learning Hours: _______________________________