



**FACULTY OF GRADUATE STUDIES AND RESEARCH  
CERTIFICATION OF FIELD PRACTICUM WORK**

We, the undersigned, certify that \_\_\_\_\_, candidate for the Degree of Master of Social Work, has successfully fulfilled all the requirements of the Field Practicum and has satisfactorily demonstrated knowledge of the field as agreed to under the original Field Practicum Proposal.

Signature of Professional Associate

Agency

Signature of Academic Supervisor

Date

# FIELD PRACTICUM REPORT

Title:

This Report has been read and approved by:

Academic Supervisor

Date

Committee Member

Date

Approval of Practicum Report by MSW Program Coordinator/Dean or Associate Dean of Social Work:

Signature

Date