

MSW for Working Professionals Letter of Agreement 2024-2025

**Please complete this form if you are currently unemployed*

Applicant: _____ Program Location: _____

Program Requirement: (Please check the applicable box).

Regular track program with two placements: Foundation Field Practicum and Advanced Practice Internship

Advanced standing program with one placement: Advanced Practice Internship

Field Placement Requirements:

- **Course offerings are online, but all practicum placements must be completed in Ontario.**
- **Each candidate is expected to take a leave from their current position for the term(s) of their placement (13 weeks).**
- Each candidate must complete a minimum of 450 field hours per academic year while having new supervision throughout the placement.
- The new supervisor will hold a MSW with a minimum of two years full-time post-graduate work experience.
- The placement will allow the candidate to experience new learning at the graduate level.
- This will take place during the prescribed field term.

Dear Review Committee, The standard Letter of Support is not applicable in my case because: (Please check all that apply)

I am self-employed

I am employed part-time

I am not currently employed

I am employed on a contractual basis

Other: _____

I am prepared to make the following agreements on my own behalf: (Please initial next to each statement)

I will arrive for each class at an appropriate time to be seated and ready to learn by 3:30 pm on class Fridays and by 8:30 am on class Saturdays. This may require me to be released from my duties at work at an earlier hour than usual.

I have read and I understand the field requirements as outlined above. Should I begin a full-time position prior to the field placement, I will obtain a signed Letter of Support from my employer at that time.

In the case that I begin a full-time position and my employer is not willing or able to sign the Letter of Support, I commit that I will take the necessary steps to ensure my ability to meet the academic and field requirements of the program (ie. resign from my position, adjust my hours accordingly, etc.).

Signature:

Date:

Printed Name:

Telephone Number: