



PAID PRACTICUM COMPENSATION FORM

Student Name: _____ WKU ID: _____

Instructions: Completion of this form indicates that you have been hired for a **paid internship**. Please complete all required sections accurately and submit the form by the designated deadline.

BSW Placement MSW Generalist Year MSW Specialized Year
200 hrs. per semester 200 hrs. per semester 250 hrs. per semester

Academic Year (ex. 2026 – 2027): _____

How do you receive payment: Stipend Hourly Other

Pay rate or amount: _____

Payment Disbursement: Weekly Bi-Weekly Monthly
 1x per semester 1x per year Other: _____

Are there hours outside of the internship that you receive payment? YES NO
If yes, please provide the following: organization/agency, hours/shift (10PM – 6AM/3rd Shift), days of the week, and any additional information you think is relevant.

Additional Information:

AGENCY INFORMATION

Agency: _____

Phone #: _____

Address: _____

City/Zip: _____

Agency Contact Person: _____

Title: _____

Employment Supervisor: _____

Phone #: _____

Verification Statement I confirm that the above information is accurate and that this internship supports the educational objectives of a social work practicum placement.

Student Signature

Date

PRACTICUM SCHEDULE

Proposed Practicum Schedule: If approved, the student can only count the required minimum practicum hours each week: Generalist level requires 14 hours per week and Specialization level requires 17 hours per week.

DAYS OF THE WEEK	TIMEFRAME FOR HOURS
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

ADMINISTRATION SECTION ONLY

Approved: Yes No

Comments, if needed:

Field Director Signature

Date