



PAID PRACITICUM 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