ALBANY STATE UNIVERSITY **ALBANY, GA 31705**

DEPARTMENT OF SOCIAL WORK BSW PROGRAM
APPLICATION FOR ADMISSION

Telephone: (229) 430-2974 or (229) 430-2870 PLEASE TYPE AND SIGN APPLICATION

Date Applied: _____ Part-time ☐ Full-time ☐

BIOGRAPHICAL DATA:

NAME:_____ RAM ID: _____
(Last) (First) (Middle)

Permanent Address: _____
(Street) (City) (State) (Zip)

Local Address: _____
(Street) (City) (State) (Zip)

Local Phone: _____ Cell Phone: _____
(Area Code) (Number) (Area Code) (Number)

Indicate Semester and Year Applying For: Fall: _____ Spring: _____ _____
(Year) (Year) (E-mail address)

I have completed 45 to 60 hours of college course work with a minimum of 2.5 GPA and am applying as a:

- ☐ Freshman who declared Social Work as a Major
- ☐ Transfer Student with an AA from: _____
- ☐ Major Change (ASU): Current Major _____
- ☐ Transfer Student from: _____
- ☐ Former Social Work Student Returning: Last Year/Semester in School _____
- ☐ Social Work Student who did not complete Field Practicum
- ☐ Student Seeking Second Bachelor Degree: Identify First Degree: _____
- ☐ Other (Explain) _____

ACADEMIC HISTORY: List all colleges and/or universities attended:

College	Location	Dates	Hrs.
College	Location	Dates	Hrs.
College	Location	Dates	Hrs.
College	Location	Dates	Hrs.

Degree Awarded:

- ☐ A.A Date Awarded: _____ Institution: _____ G.P.A. _____
- ☐ B.A./B.S. Date Awarded: _____ Institution: _____ G.P.A. _____
- ☐ Other Date Awarded: _____ Institution: _____ G.P.A. _____

Which of the following courses are you taking now or have you completed? Indicate the semester, year (e.g. Fall 2000), and grade. If you are currently taking courses that are listed, indicate by answering "**now**".

Course No.	**Course Name**	**Semester/Year**	**Grade**
	Biology I		
	Biology II		
	History		
	U.S. & Georgia Government		
	Introduction to Psychology		
	Introduction to Sociology		
	Urban Social Problems		
	Basic Statistics		
	World Literature I		
SOWK 1385	Careers in Social Work		
SOWK 2411	Introduction to Social Work		
SOWK 2310	Self-Awareness		

EMPLOYMENT INFORMATION:

Are you currently employed? ☐ Yes ☐ No ☐ Full time ☐ Part time ☐ Work Study

Will you be employed while enrolled at Albany State University? ☐ Yes ☐ No

If yes, will you be employed part time or full time throughout your educational process?

☐ Full time ☐ Part time

Have you had any paid Social Work Experience? ☐ Yes ☐ No

Have you had any volunteer experience in a social service agency? ☐ Yes ☐ No

If you answered yes to experience(s) in a paid or volunteer setting, give an overview of the experience(s):

CRIMINAL HISTORY

Have you ever been arrested? ☐ Yes ☐ No Felony/Felonies? ☐ Yes ☐ No

If yes to either question, were you convicted: ☐ Yes ☐ No

If yes to the conviction, what was the charge? _____

Please explain the disposition of the case on the last page, detach and place in an envelope, seal, sign and staple to application.

Have you ever been arrested for a misdemeanor or misdemeanors? ☐ Yes ☐ No

If yes, what was the charge? _____

Please explain the disposition of the case on a separate page, and place in an envelope. Seal, sign and staple the envelope to your application.

DRUG AND ALCOHOL HISTORY

Are you currently or have you ever been in a Drug and/or Alcohol Treatment or Detoxification Center as a client? ☐ Yes ☐ No

If yes, explain: _____

_____

_____

_____

Dates of Treatment(s): _____

Name and Address of Facility: _____

_____

_____

Did you complete the treatment(s) prescribed? ☐ Yes ☐ No

If no, please provide an explanation: _____

_____

_____

_____

_____

EMOTIONAL/MENTAL HEALTH HISTORY

Have you ever participated in any type of counseling/psychotherapy? ☐ Yes ☐ No

If yes, what was the nature of the counseling/psychotherapy problem? (Please do not give in-depth details; if you see the need to give specific details attach additional confidential information in a sealed envelope.)

_____

_____

Have you ever been hospitalized for any type of emotional or mental condition(s)? ☐ Yes ☐ No

If yes, please provide the following information for each time you were hospitalized (additional sheets may be attached).

Hospitalization Date(s): _____

_____

_____

ADMISSION STATEMENT:

As a part of your application for admission to the BSW Social Work Program, you are to write a statement which addresses the five areas listed below. This statement will be used to assist the BSW Social Work Admissions Committee in their decision making process in reference to your application. **Your typed admission statement is to be attached to your application.** The Admission Statement should be from three to five pages and well written, in APA format.

- Discuss the major reasons for your interest in the Social Work profession.
- Describe some of the successes you have achieved in school, employment, and in your personal life.
- Describe any barriers you have had to overcome while pursuing your educational, employment, or personal goals.
- Describe any experiences that you have had while working with people in which you felt you were able to use a skill you thought at the time was related to the Social Work profession.
- Note previous experiences that made you feel that you could effectively provide services to individuals from diverse populations reflecting religious, racial, ethnic, physical, socio-economic, gender, and sexual orientation differences.

I certify that the information on this application is true and valid.

_____ _____

Signature Date

_____

Type Name

****

OFFICIAL OFFICE USE (Do not sign below until interviewed)

STATEMENT OF UNDERSTANDING:

I understand that the Social Work Major Curriculum requires sixty (60) credit hours in upper-division courses, including a twelve (12) hour Field Placement and a three (3) hour Integrative Seminar. I also understand that I would need to join the National Association of Social Workers (NASW) when I am in Social Work 2412, and that my membership should be in place prior to entering field placement. I have been advised that I have to purchase Professional Liability Insurance prior to entering field placement, and that cannot be done if I am not a member of NASW. I further understand that I will need to make a Formal Application of the BSW Social Work Program for field placement by the end of the third week of the semester prior to being assigned to an agency. While I shall be consulted as to my interest and choice of location for field placement, I am aware that my preference/choice may not be possible.

I understand that I must have an institutional grade point average (GPA) of 2.50 to be considered for admission into the Social Work Program. Once admitted, **I must maintain a minimum 2.50 GPA** to be assigned in field placement. The Social Work Program Admission's Committee has advised me that **I need to maintain a "B" or better in all Social Work Core Requirements** to successfully complete this undergraduate program and be considered for graduate school.

Date Interviewed: _____

_____ _____

Student Signature Committee Chair Signature

Date Application Received: _____ Received by: _____

COMMITTEE'S DECISION: _____ Accepted_____ Rejected _____Accepted Conditionally

Date Director Received: _____ _____

Chair's Signature

ALBANY STATE UNIVERSITY
DEPARTMENT OF BSW SOCIAL WORK PROGRAM

STUDENT PERSONAL DATA

PLEASE TYPE AND SIGN APPLICATION

CHECK ONE: Undergraduate ☐ Transfer Student ☐ Date of Transfer
CHECK ONE: Fall Semester ☐ Spring Semester ☐
CHECK ONE: Full-time ☐ Part-time ☐

Personal Data:

Name: _____ RAM ID: _____
(Last) (First) (Initial)

Local Address: _____
No., Street, Apt. City State Zip

Permanent Address: _____
No., Street, Apt. City State Zip

Telephone: _____
(Home) (Mobile) (Place of Employment)

Sex: Male ☐ Female ☐ Birth Date: _____ Age: _____

Marital Status: Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐

Are you a U.S. Citizen: Yes ☐ No ☐

Do you require handicapped accommodations? Yes ☐ No ☐

Do you require another service under the ADA or 504.B? Yes ☐ No ☐

CLASSIFICATION: Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐

List Colleges/Universities Attended:

Name of School	City & State	Degree/Reason Withdrew	Date

ETHNICITY:

☐ African-American ☐ Asia ☐ Caucasian ☐ Hispanic (Not Mexican-American)
☐ Mexican American ☐ Native American ☐ Puerto Rican ☐ Other (Specify) _____

EMERGENCY CONTACT:

NAME: _____ Relationship: _____

Telephone: _____
(Home) (Mobile) (Place of Employment)

Address (Optional): _____
No & Street City/State Zip

Are you employed? Yes ☐ No ☐ Does employer allows telephone contact? Yes ☐ No ☐

Place of Employment _____

Supervisor's Name (in the event of an emergency): _____

Do you have children? Yes ☐ No ☐ How many? _____

List children's ages: _____

If you are in class and someone calls regarding your child/children, what school(s) do they attend or who is their care person?

_____

STRENGTHS:

_____

_____

_____

WEAKNESSES:

_____

_____

_____

HOBBIES:

_____

_____

_____

VOLUNTEER EXPERIENCES:

_____

_____

_____

COMMUNITY ORGANIZATIONS:

_____

_____

_____

CAMPUS ORGANIZATIONS:

_____

_____

_____

Do you plan to attend graduate school? Yes ☐ No ☐ If yes how soon _____ (months/year)

If no, what are your career goals? _____

_____

The above information is correct, and I will change any or all of the above information as changes take place to provide the Chair of the Social Work Department and advisors of the necessary updated contact information and of my employment until I graduate.

_____ _____
Signature Date

Information Received by:

_____ _____
Signature Date

Revised 10/2013