

BSW PROGRAM APPLICATION FOR ADMISSION

Telephone: (229) 500-2380 Date Applied: _____ **BIOGRAPHICAL DATA:** NAME:_ 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) E-mail address: I have completed 45 to 60 hours of college course work with a minimum 2.5 GPA and I am applying as a: Freshman who declared Social Work as a Major Trans fer Student with an AA/AS 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:** Location Dates Hrs. College College Location Dates Hrs. Location College Dates Hrs. Location Dates Hrs. College gree Awardea:
___A.A/A.S. Degree Awarded: Institution: G.P.A. G.P.A. G.P.A. Date Awarded: _____ B.A. /B.S. Institution: G.P.A. Other Date Awarded:

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:						
Have you ever been arrested for a misdemeanor of	or mis demeanors?_	Yes	No			
If yes, what was the charge? Please explain the disposition:						
DR	UG AND ALC	OHOL I	HISTORY			
Are you currently or have you ever been in a Dru	g and/or Alcohol T	reatment o	or Detoxification Center a	as a client?	Yes1	No
If yes, explain:						
Dates of Treatment(s):						
Name and Address of Facility:						
Did you complete the treatment(s) prescribed	?YesN	lo				
If no, please provide an explanation						

EMOTIONAL/MENTAL HEALTH HISTORY

Signature	Date
Work Program. Once admitted, I must maintain a note assigned in field placement. The Social Work Pr	average (GPA) of 2.50 to be considered for admission into the Social ninimum 2.50 G.P.A. I also understand that I need a 2.50 overall GPA to ogram's faculty advised me that I need to maintain a "B" or better for al "B", and take the ACAT Examination during the last semester in the rom the Social Work Academic Program.
I certify that all information submitted as a part of understand that the Social Work Major Curriculur 12) hour Field Placement and a three (3) hour Inte Association of Social Workers (NASW) when I am o entering field placement. I have been advised that field placement, and that cannot be done if I am not Formal Application to the BSW Program's Field Placement.	the BSW Program Application process is true and valid. I also assert that requires 60 credit hours in upper-division courses, including a twelve grative Seminar. I also understand that I would need to join the National in Social Work 2412, and that my membership should be in place prior t I have to purchase Professional Liability Insurance prior to entering a member of NASW. I further understand that I will need to make a accement unit during the third week of the semester to be assigned to an ass and choice of location for field placement, I am aware that my
gender differences? STATEMENT OF UNDERSTANDING	
 Describe any barriers you have had to over Describe any experiences that you have had the Social Work profession. Note previous experiences that made you for 	in the Social Work profession. chieved in school, employment, and in your personal life. come while pursuing your educational, employment, or personal goals. If while working with people, that allowed you to use a skill(s) related to the ell or think that you could effectively provide services to individuals so, racial, ethnic, physical, socio-economic, sexual orientation, and or
he five areas listed below. This statement will be unaking process in reference to your application. You	to the Social Work Program, you are to write a statement that addresses sed to assist the Social Work Admission's Committee in their decision our typed admission's statement is to be uploaded immediately upor tatement should be typed using the American Psychological Association o more than 1300.
Have you ever been hospitalized for any type of em of yes, please provide the hospitalization dates for e	
Director.)	
	notherapy problem? (Please do not give in-depth details; if you see the idential information in a sealed envelope to the BSW Program

Type Name

*************	OFFICIAL OFFICE USE
Date Application Received:	Received by:
COMMITTEE'S DECISION:Accepted	Accepted ConditionallyDenied
Date Director Received:	Program Director's Signature