

Contact Information:

Name: _____ Student ID#: _____

E-mail: _____ Phone Number: _____

Mailing Address: _____
(Street Address, P.O. Box, etc.)

(City) _____ (State) _____ (Zip) _____

Home Local Other (please check the box that applies)



Please attach a self-addressed envelope to this application using the address you will be after the semester ends. The envelope does not need to be stamped.

Educational Experience:

List all colleges attended: (use separate sheet if necessary)

Name	City	Dates (month/yr)	GPA	Credits

Please indicate your grade in any of the following courses you have completed. Mark those courses you are currently taking with an "X."

___ SWK 100	___ SOC 100	___ ENG COMP
___ SWK 250	___ SOC 200/PSY 211/STA 282QR	___ ORAL COMP
___ SWK 350	___ SOC 221/SOC 302	___ MATH COMP

Total number of College Credits completed _____ Cumulative GPA _____

How many credits are you taking this semester? _____

Social Work Practicum (Field):

Please indicate when you are planning to enroll in the Social Work Practicum (Field) courses. Consult with your advisor if you are unsure as you will be admitted based on this preference.

Summer _____ (May to August) Academic Year _____ (August to May of the next year)
Year (20xx) *Year (20xx-20xx)*

Work and Volunteer Experience:

(Please list all your work and volunteer experience, in chronological order, beginning with the most current experience. Attach an extra sheet if necessary.)

Name of Organization: _____ Supervisor: _____

Location: _____ Position: _____

Dates of service or employment: _____ Hours per week: _____

Employee Volunteer

Name of Organization: _____ Supervisor: _____

Location: _____ Position: _____

Dates of service or employment: _____ Hours per week: _____

Employee Volunteer

Name of Organization: _____ Supervisor: _____

Location: _____ Position: _____

Dates of service or employment: _____ Hours per week: _____

Employee Volunteer

Name of Organization: _____ Supervisor: _____

Location: _____ Position: _____

Dates of service or employment: _____ Hours per week: _____

Employee Volunteer

Honors and/or Awards:

Month/Year	Description/Source
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

References:

A minimum of three references are required from individuals who have knowledge of your academic and/or professional qualifications. This includes two academic references and a reference from the supervisor(s) of your social work related experience requirement. Each individual is asked to complete a reference form and submit it directly to the Social Work Program Office.

List your references and their relationship to you:

Academic Reference

Name: _____ Relationship(s): _____

Name: _____ Relationship(s): _____

Social Work Related Experience

Name: _____ Relationship(s): _____



Have Reference Forms Submitted Via:
(use separate forms for each reference)

- **Mail:** Social Work Program Admissions
034 Anspach, Mount Pleasant MI 48859
- **E-mail:** swk@cmich.edu
- **Fax:** (989) 774-2140

Personal Interest Statement:



This statement is required as part of the Application for Admission to the Social Work Major. **You must respond to each of the questions below. Your response should be approximately one-typed page (double-spaced) for each prompt.**

- Describe a situation where you were involved that you considered unjust and what action(s) you took as a result. Reflect on the experience. How did your action(s) reflect your personal values and/or social work values? Do you believe your actions(s) were successful? What did you learn about yourself and your values as a result of this experience? What might you do differently, if anything, if a similar situation occurs in the future?
- Describe the skills you believe a successful social worker must possess. For each of the skills you have described, state why you believe that skill is important and provide an assessment of your strengths and weaknesses in that skill.
- Please share any life experience(s) that may have influenced your decision to pursue social work as a career.
- Ideally, what do you want to be doing 5 years from now? Describe how a degree in Social Work fits into this vision.

Statement of Certification:

I certify that to the best of my knowledge all of the above and attached statements are correct and complete.

Applicant's Signature

Date

CMU provides individuals with disabilities reasonable accommodations to participate in educational programs, activities or services. Individuals with disabilities requiring accommodations to participate in class activities or meet course requirements should contact the instructor as early as possible. Persons with disabilities needing accommodations or assistance related to this application are also encouraged to contact the Social Work Director as early as possible.

FOR OFFICIAL USE ONLY:

Date Received: _____ BSW Application Review Date(s): _____

Admission Status: Accepted Denied Deferred

Notification Letter Sent: _____

Staff Initials _____