

APPLICATION SIGNATURE FORM FOR ADMISSION TO THE MASTER OF SOCIAL WORK PROGRAM (MSW)

Applicant Name (First and Last) _____

Applicant Date of Birth _____

Please read the statement below and sign and date this form (applications received without signatures will not be accepted).

By signing this form,

- I acknowledge that I have read and understand the School of Social Work's [Essential Skills, Values, and Standards for Professional Conduct](#) (located on the school's website) and the [NASW Code of Ethics](#);
- I assert that I am able to complete the program at the School of Social Work with or without reasonable accommodation; and
- I confirm that except for minor editorial assistance, I wrote my own admissions essay.

I understand that:

- Failure to submit complete and accurate information by the deadlines, including all required documents, may result in denial of admission from the University.
- Once I submit my School of Social Work application and all accompanying documents, including transcripts, they become the property of the School of Social Work and will not be returned to me.
- I am advised to make a copy of my application and accompanying documents for my own records before submitting my application packet.

The School of Social Work reserves the right, on the basis of an educational judgment, to recommend to the Graduate School that an applicant be denied admission or to recommend dismissal to the Graduate School of an admitted student whose academic record or performance in field instruction does not meet minimal expectations, or whose performance is not consistent with the accepted standards for professional behavior.

SIGNATURE: You will not be considered for admission if you do not complete and sign this form.

Electronic Signature (e-Signature): You consent and agree that your use of a key pad, mouse, or other device to sign your name constitutes your signature, acceptance and agreement as if actually signed by you in writing. You understand and agree that your e-Signature executed in conjunction with the electronic submission of your application will be legally binding and such transaction will be considered authorized by you.

For more detailed information on adding electronic signatures to PDF forms, please visit:
<https://helpx.adobe.com/reader/using/sign-pdfs.html>

Type or sign full name:

Date:



Name: _____

SOCIAL WORK AND HUMAN SERVICES EXPERIENCE FORM

Dates (Mo/Yr.)	Hours/ Week	Total Hours	Agency & Job Title	Briefly describe how this experience relates to Social Work practice	Select one:
From: To:					<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid
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From: To:					<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid
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From: To:					<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid
Total paid			Total unpaid		Overall Total Hours

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Total paid			Total unpaid		Overall Total Hours