



**DEPARTMENT APPLICATION
MASTER OF SOCIAL WORK PROGRAM**

Instructions: Please complete 1) department application; 2) personal statement; 3) signed application checklist; 4) field application; 5) current resume; 6) three sealed letters of reference with cover sheets; and 7) one complete set of official transcripts (in sealed envelopes) from each college or university previously attended. Please be sure to **mail all of the items above in one envelope** to the address below. **All materials must be postmarked by December 15, 2017 to be accepted.**

California State University East Bay
Department of Social Work, MI 4064
25800 Carlos Bee Blvd.
Hayward, CA 94542

Date Submitted: _____

Application for Fall Quarter 2018

Campus Location: Hayward (2 Year Full-Time)

Preferred Concentration: Children, Youth & Families (CYF)
If CYF; are you applying for the Title IV-E Stipend? Yes No
 Community Mental Health (CMH)

Personal Information

First Name: _____ MI _____ Last Name: _____

Other names previously or currently being used: _____

Date of Birth: _____ Gender: _____

Preferred gender pronouns (optional): she/her/hers he/him/his _____

Race/Ethnicity: _____ or, if you decline to state, please check

Soc. Sec.#: _____ Net ID (if former CSUEB student): _____

Address: _____
Street City State Zip

Phone Numbers: Home _____ Work _____

Cell: _____ Email Address: _____

Emergency Contact

Name: _____ Relationship: _____

Address: _____ Phone: _____

Work Phone: _____ Email Address: _____

If we cannot reach you regarding admission decisions, can we contact this person to get a message to you? yes no

PREREQUISITES COMPLETED

Statistics: _____
 University Course # Course Title Grade Date Completed

Human Biology:
 Or Anatomy _____
 Physiology University Course # Course Title Grade Date Completed

UNDERGRADUATE DEGREE

Type of degree: _____ Major: _____ GPA _____
 Institution: _____ Date of Degree: _____

Any Other Advanced Degrees (Masters/Doctoral): Type: _____ Major: _____

FOREIGN LANGUAGE SKILLS

Are you proficient in any language other than English? Yes No

If yes,	Language(s)	Speaking	Reading	Writing
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Criminal History/Professional Liability Consent:

Please understand that you may have to obtain a criminal background check including a child abuse index.

If your criminal record or history of a founded child abuse allegation is present, it may prevent you from securing certain field placements.

Also, understand that you will need to purchase student liability insurance (for a nominal fee) prior to beginning internship placement. You will not be able to start an internship without obtaining student liability insurance.

I, _____, have read and agree to the above statements.
Print Name

Signature Date

Social Work Personal Statement

As part of your application for admission to the MSW program at CSUEB, write a personal statement that addresses the statement below;

Tell us about the personal and professional experiences that have contributed to your interest in social work and in the CSUEB MSW program.

Also, please share your career goals.

This statement will be used to assess your writing skills and aid the Admissions Committee in making a decision about your application. Your statement should not exceed three (3) typewritten, 12-point font, double-spaced single-sided pages, (do not print double-sided.)

EXPERIENCE AND EMPLOYMENT HISTORY (fill out completely – **do not write, “see resume”**)

Please list up to four of your most significant/relevant paid job experiences and/or volunteer experiences during the last 10 years. Be sure to include the total years/months, the average number of hours per week, and the total number of hours worked. If you do not have this information available to the reviewer, it will reduce your ranking.

1. Agency/Center: _____

Address: _____ Phone: _____

From: _____ To: _____ Title: _____

Salaried Volunteer Supervisor: _____

Total No. of Years & Months worked: _____ yrs _____ months Avg # hours per week: _____

Responsibilities: _____ Total # of ALL hours worked: _____

2. Agency/Center: _____

Address: _____ Phone: _____

From: _____ To: _____ Title: _____

Salaried Volunteer Supervisor: _____

Total No. of Years & Months worked: _____ yrs _____ months Avg # hours per week: _____

Responsibilities: _____ Total # of ALL hours worked: _____

3. Agency/Center: _____

Address: _____ Phone: _____

From: _____ To: _____ Title: _____

Salaried Volunteer Supervisor: _____

Total No. of Years & Months worked: _____ yrs _____ months Avg # hours per week: _____

Responsibilities: _____ Total # of ALL hours worked: _____

4. Agency/Center: _____

Address: _____ Phone: _____

From: _____ To: _____ Title: _____

Salaried Volunteer Supervisor: _____

Total No. of Years & Months worked: _____ yrs _____ months Avg # hours per week: _____

Responsibilities: _____ Total # of ALL hours worked: _____