**Hayward Full Time** [**Program: Application for Fall Semester 2020**](http://www20.csueastbay.edu/class/departments/socialwork/)

Meiklejohn Hall, Room 4064, Phone: 510-885-4916 (opt 2) / Fax: 510-885-7580



**CSUEB MASTER OF SOCIAL WORK**

**DEPARTMENT APPLICATION FOR ADMISSION TO FALL 2020 COHORT**

**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 unofficial transcripts from each college or university previously attended. Be sure to ***mail all of the items above in one envelope*** to the address below. **All materials must be postmarked by December 16, 2019 for applications to be considered for admission.**

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

Hayward, CA 94542

**DATE SUBMITTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 Net ID (if former CSUEB student): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Other names currently or currently used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Preferred pronouns: € she/her/hers €he/him/his €they/them/theirs €other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Race/Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or, if you decline to state, please check here €

# Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# street city state zip code

# Phones: cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Email Address (be sure to print clearly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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**

**Human Biology: \_**

**Or Anatomy Physiology**

University

Course #

Course Title

Grade Date Completed

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Statistics:** | **\_** |  |  |  |  |
|  | 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:

Speaking Reading Writing

Language(s)

\_

\_

\_

If yes,

No

Yes

**LANGUAGE SKILLS**

Are you proficient in any language other than English?

Date

Signature

**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

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

On the following pages, please list your social work, social service, or human service paid job 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.**
* If you need additional pages, feel free to copy these**.**
* **In addition** to these pages, the application requires you to submit an up-to-date resume

1. Agency/Center: \_

Address: Phone:

From: To: Title/Role:

Salaried Volunteer Supervisor:

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Length of Service: years \_\_\_\_\_\_ months \_\_\_\_\_\_ Average # hours per week: \_\_\_\_\_\_\_\_\_\_\_

**Total # of all hours worked in this position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsibilities:

1. Agency/Center: \_

Address: Phone:

From: To: Title/Role:

Salaried Volunteer Supervisor:

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Responsibilities: