

# CSUEB MSW Application for Admission Fall 2022

Thank you for your interest in applying to our MSW program for Fall 2022. Please carefully review our website at: <https://www.csueastbay.edu/sw/apply-to-msw.html> for detailed information and application instructions before completing this form. As you complete this form, please read any instructions before responding to the question.

APPLICATIONS ARE DUE ON DECEMBER 1, 2021 BY 11:59 PM (PST). Due to the high number of applications we receive, we cannot review late or incomplete applications. The complete application includes this form, a personal statement, resume, and three reference letters.

\* Required

1. Email \*

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2. First name \*

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3. Last name \*

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4. Other names currently or formerly in use

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5. Preferred Concentration \*

Mark only one oval.

- CYF(Community Youth and Family)
- CMH (Community Mental Health)

6. If you chose CYF, do you plan to apply for the Title IV-E Child Welfare Training Program? If yes, please be sure to review the information about that program and submit the Title IV-E application, available here:

<https://www.csueastbay.edu/sw/stipend-programs.html>

Mark only one oval

- Yes, I plan to apply for the IV-E program
- No, I do not plan to apply for the IV-E program

7. Date of birth \*

\_\_\_\_\_  
*Example: January 7, 2019*

8. Gender (Write "decline to state" if you prefer not to disclose this.)

\_\_\_\_\_

9. Pronouns (e.g. they/them/theirs; she/her/hers; he/him/his. Write "decline to state" if you prefer not to disclose this.)

\_\_\_\_\_

Example only - do not complete this version. Please submit web-based form.

10. How do you describe your race and/or ethnicity? (Write "decline to state" if you prefer not to disclose this.)

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11. Mailing address \*

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12. Primary phone (e.g. cell or home phone) \*

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13. Secondary phone (home, office, or other phone)

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14. Full Name of an Emergency Contact Person \*

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15. Relationship of Emergency Contact Person

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16. Emergency Contact Person's Phone \*

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*Example only - do not complete this version. Please submit web-based form.*

17. Emergency Contact Person's Email \*

\_\_\_\_\_

18. If we cannot reach you regarding admission decisions, can we contact this person to get a message to you? \*

Mark only one oval.

YES

NO

19. Type of Undergraduate Degree \*

Mark only one oval.

BA

BS

BSW or BASW

BFA

Other: \_\_\_\_\_

20. Year of Undergraduate Graduation \*

\_\_\_\_\_

21. Institution Where Undergraduate Degree Earned \*

\_\_\_\_\_

22. Net ID (if current/former CSUEB student)

\_\_\_\_\_

23. Undergraduate Major \*

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24. Undergraduate GPA \*

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25. Information on Any Other Advanced Degree (Type, Major, Institution)

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26. Are you proficient in any of the following languages? Please check at least one box in each row (if you do not have proficiency in a language, choose "no proficiency.")

\*

*Check all that apply.*

	no proficiency	speaking	reading	writing
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cantonese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mandarin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Korean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Sign Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Example only - do not complete this version. Please submit web-based form.

27. List any language proficiency not included above

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28. **CRIMINAL HISTORY and 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. \*

*Check all that apply.*

I have read and agree to the above statements

29. **ACADEMIC LOAD AGREEMENT:** Please understand that the MSW program demands a full-time course load of 16 credits per semester, in addition to field practicum of 16 hours per week in the first year and 20-24 hours per week the second year. \*

*Check all that apply.*

I have read and agree to the above academic load.

Work and  
Volunteer  
Experience

List your SOCIAL WORK/SOCIAL SERVICES-RELATED paid or volunteer experiences over the last 10 years. One year of full-time work is usually about 2,000-2,080 hours. There is space for you to list information for 6 positions. If there are more positions that you need to have listed as part of your total work experience hours, when you submit your resume for another part of this MSW application, be sure to include the total number of hours worked in each additional position. If you have held fewer than 6 positions, just complete the information for the positions you have held and then scroll to the end of this section. Please note: You MUST include the total number of hours you have worked in any of the positions. The Application Review Committee will NOT go through your resume to estimate the number of hours worked. For reference, one year of full-time employment is equivalent to about 2,000 hours.

30. Position 1: Job Title

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31. Position 1: Employer/Agency and City/State

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32. Position 1: Paid or Volunteer

Mark only one oval.

Paid

Volunteer

33. Position 1: Start Date

*Example: January 7, 2019*

34. Position 1: End Date

*Example: January 7, 2019*

35. Position 1: Total Number of Hours Worked in this Position

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36. Position 2: Job Title

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Example only - do not complete this version. Please submit web-based form.

37. Position 2: Employer/Agency and City/State

\_\_\_\_\_

38. Position 2: Paid or Volunteer

Mark only one oval.

Paid

Volunteer

39. Position 2: Start Date

\_\_\_\_\_  
*Example: January 7, 2019*

40. Position 2: End Date

\_\_\_\_\_  
*Example: January 7, 2019*

41. Position 2: Total Number of Hours Worked in this Position

\_\_\_\_\_

42. Position 3: Job Title

\_\_\_\_\_

43. Position 3: Employer/Agency and City/State

\_\_\_\_\_

Example only - do not complete this version. Please submit web-based form.

44. Position 3: Paid or Volunteer

Mark only one oval.

Paid

Volunteer

45. Position 3: Start Date

\_\_\_\_\_  
*Example: January 7, 2019*

46. Position 3: End Date

\_\_\_\_\_  
*Example: January 7, 2019*

47. Position 3: Total Number of Hours Worked in this Position

\_\_\_\_\_

48. Position 4: Job Title

\_\_\_\_\_

49. Position 4: Employer/Agency and City/State

\_\_\_\_\_

Example only - do not complete this version. Please submit web-based form.

50. Position 4: Paid or Volunteer

Mark only one oval.

Paid

Volunteer

51. Position 4: Start Date

\_\_\_\_\_  
*Example: January 7, 2019*

52. Position 4: End Date

\_\_\_\_\_  
*Example: January 7, 2019*

53. Position 4: Total Number of Hours Worked in this Position

\_\_\_\_\_

54. Position 5: Job Title

\_\_\_\_\_

55. Position 5: Employer/Agency and City/State

\_\_\_\_\_

Example only - do not complete this version. Please submit web-based form.

56. Position 5: Paid or Volunteer

Mark only one oval.

Paid

Volunteer

57. Position 5: Start Date

\_\_\_\_\_  
*Example: January 7, 2019*

58. Position 5: End Date

\_\_\_\_\_  
*Example: January 7, 2019*

59. Position 5: Total Number of Hours Worked in this Position

\_\_\_\_\_

60. Position 6: Job Title

\_\_\_\_\_

61. Position 6: Employer/Agency and City/State

\_\_\_\_\_

Example only - do not complete this version. Please submit web-based form.

62. Position 6: Paid or Volunteer

Mark only one oval.

Paid

Volunteer

63. Position 6: Start Date

\_\_\_\_\_  
*Example: January 7, 2019*

64. Position 6: End Date

\_\_\_\_\_  
*Example: January 7, 2019*

65. Position 6: Total Number of Hours Worked in this Position

\_\_\_\_\_

66. Personal Statement: Please upload your personal statement here. Please name your file this way before uploading: LASTNAME FIRSTNAME PERSONAL STATEMENT. Unfortunately, this form only allows uploading of documents by people with a Google account. If you do not have a Google account or have difficulty uploading your personal statement, please send it to [swadmission@csueastbay.edu](mailto:swadmission@csueastbay.edu)

Files submitted:

67. Resume: Please upload your resume here. Please name your file this way before uploading: LASTNAME FIRSTNAME RESUME. Unfortunately, this form only allows uploading of documents by users with a Google account. If you do not have a Google account or have difficulty uploading your resume, please send it to [swadmission@csueastbay.edu](mailto:swadmission@csueastbay.edu)

Files submitted:

68. This is the end of the application form. Thank you for completing it. Before submitting please check your answers for accuracy and completeness.

Mark only one oval.

I checked and it's good to go!

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Example only - do not complete this version. Please submit web-based form.