

# APPLICATION FOR ADMISSION

## MASTER OF SOCIAL WORK PROGRAM

CALIFORNIA STATE UNIVERSITY, STANISLAUS  
ONE UNIVERSITY CIRCLE  
TURLOCK, CA 95382  
(209) 667-3091

### APPLICATION DEADLINE IS FEBRUARY 28

Application information is considered **CONFIDENTIAL**. Use of this material is restricted to the faculty in the Social Work Program. Please print or type, sign, date and use additional 8 1/2 x 11 paper where necessary.

#### IDENTIFYING AND PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Number and Street City State Zip

SS# \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

Work Address: \_\_\_\_\_  
Number and Street City State Zip

Work Telephone Number: (\_\_\_\_) \_\_\_\_\_

#### FINANCIAL PLANS

Given the limited amount of financial assistance available to students, it is necessary that the Social Work Program know your tentative plans regarding the following:

Do you plan to work:  Yes  No      If yes, do you plan to work:  Part-time  Full-time

What financial responsibilities will you carry for family or other dependents while in school: \_\_\_\_\_

Have you applied for a stipend or other assistance:  Yes  No

If yes, describe briefly, including details of commitment, if any: \_\_\_\_\_

What additional provision(s), if any, do you have to finance your professional education: \_\_\_\_\_

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## REFERENCES

References should include whenever possible current or recent supervisor or employer, other work associates, and should include paid and volunteer experience when possible. Applicants who are currently in school or recent graduates should list at least one instructor or school official. List the name, address, telephone number, and title of persons providing reference letters. **REFERENCES FROM FRIENDS, NEIGHBORS, AND RELATIVES WILL NOT BE CONSIDERED. (see attached Request for Reference Form).**

Name: \_\_\_\_\_ Title \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

Name: \_\_\_\_\_ Title \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

Name: \_\_\_\_\_ Title \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

Name: \_\_\_\_\_ Title \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

The Department may, in some instances, seek additional information from employment and other sources pertaining to this application. IN ORDER TO EXPEDITE THE PROCESSING OF YOUR APPLICATION, PLEASE FORWARD THE ENCLOSED LETTERS REQUESTING REFERENCE INFORMATION TO THE ABOVE NAMED PERSONS AS EARLY AS POSSIBLE. IT IS THE APPLICANT'S RESPONSIBILITY TO ENSURE THAT REFERENCES HAVE BEEN RECEIVED BY OUR DEPARTMENT ON OR BEFORE THE APPLICATION DEADLINE.

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I am applying for:  Enrollment in two-year program       Enrollment in three-year program

If you are applying for both, please indicate your first choice: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Attach a resume of your educational (including all schools attended) and employment (including both volunteer and paid experience) history. Also attach your autobiographical statement. Submit your application to the Department of Social Work.**

**This application will not be reviewed until all information is received in the Social Work office, including notification from the Graduate School that you have met requirements for graduate study at the University.**

The MSW Program does not discriminate on the basis of race, color, national origin, sex, physical disability, and sexual orientation.

Did you attend any MSW informational meeting? Yes \_\_\_\_\_ No \_\_\_\_\_ Location \_\_\_\_\_