

**Campus to attend:**

UM-St. Louis

Mineral Area College

## Application for Admission to the Master of Social Work Program

*The complete application and supplemental documents must be received by the appropriate deadline for consideration.*

Name (Last, First, Middle):		UMSL Student ID
Street Address:		City, State & Zip:
Cell Phone:	Home Phone:	Work Phone:
E-mail Address:		Intended Program Start Date (Semester/Year):
Are you applying for full-time or part-time admission?	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Please indicate by checking the box in the next column: <i>"I understand that all students must complete the MSW degree within four years."</i>	<input type="checkbox"/> Yes	
Have you obtained a BSW degree from an accredited Social Work program?	<input type="checkbox"/> Yes: year completed _____ <input type="checkbox"/> No	
Have you successfully completed a college level statistics course?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>(If no, you will be required to complete this course prior to or during your first semester.)</b>	
Will you be seeking Advanced Standing credit? <i>[BSW courses taken within the past 5 years, for which a grade of 'B' or better was earned]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a graduate transfer student?	<input type="checkbox"/> Yes <input type="checkbox"/> No   University _____ Program of study _____ Number of hours completed _____	
Mineral Area College (MAC) in Park Hills, MO admits a new SW cohort every three years. MAC program applicants, please indicate what year you are hoping to start the MSW and contact the School of Social Work for cohort details.	Year of cohort admission:	

**EDUCATION**

List below all colleges/universities attended, beginning with the most recent. Attach additional sheets if needed. An official, sealed transcript is required from each institution, to be submitted directly to Graduate Admissions.

Name of College/University	City/State	Did you graduate?	If Yes, Date of Graduation (MM/YYYY)	Dates of Attendance (MM/YYYY)		Degree/Cert Name and/or Major
				From	To	
		<input type="checkbox"/> Yes <input type="checkbox"/> No				
		<input type="checkbox"/> Yes <input type="checkbox"/> No				
		<input type="checkbox"/> Yes <input type="checkbox"/> No				

**WORK EXPERIENCE**

List all relevant social work and human service related experience, including full-time, part-time, practicum and volunteer experience, beginning with the most recent. You must complete this section, even if you are submitting a corresponding resume. Attach additional sheets if necessary.

Dates Employed (MM/YYYY)	<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Practicum	Title:
From:                      To:	If part-time, # hrs./wk:	
Organization Name and Address:		
Primary Duties:		

Dates Employed (MM/YYYY)	<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Practicum	Title:
From:                      To:	If part-time, # hrs./wk:	
Organization Name and Address:		
Primary Duties:		

Dates Employed (MM/YYYY)	<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Practicum	Title:
From:                      To:	If part-time, # hrs./wk:	
Organization Name and Address:		
Primary Duties:		

**ACADEMIC AND PROFESSIONAL REFERENCES**

**List the three people from whom you will be requesting written recommendations.**

Reference Name	Capacity In Which Known By Student	Institution/Organization	Address

How did you hear about our MSW Program?

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**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_