

SARASOTA (Part-Time) MASTER OF SOCIAL WORK PROGRAM APPLICATION

1. You will be assigned a USF ID when your Graduate Application is processed.

Please place that # here: U_____

2. Exact legal name (or as indicated on Graduate Application)

(Last) (First) (Middle)

If there is a possibility that any credentials (transcripts, test scores, etc.) might arrive under a name different from that given above, please provide name(s) here: _____

3. Present Mailing Address

(Number & Street) (City) (County) (State) (Zip Code)

4. Phone: Home - Area (____) Num._____ Work - Area (____) Num._____

5. Email Address _____

6. What is your permanent legal address?

(Number & Street) (City) (County) (State) (Zip Code)

7. Place of Birth--City, State, Nation

8. Nation of Citizenship _____

9. Birth date (xx-xx-xxx): Mo._____ Day _____ Year _____

The University of South Florida, School of Social Work, has a commitment to encouraging diversity among all persons affiliated with the School. The information in Items 11 & 12 assists us in our efforts to monitor our effectiveness in this area. (Optional)

10. Age: _____

11. Sex: Male Female

12. Ethnic Origin (Check one)

- _____ Hispanic
- _____ Black (not of Hispanic origin)
- _____ White (not of Hispanic origin)
- _____ Asian or Pacific Islander
- _____ American Indian or Alaskan Native
- _____ Other -- Specify Below

13. Indicate the date and year you took, or plan to take, the GRE (not required) _____

14. Indicate your scores, if you would like to include them, on the above test.

V: _____ Q: _____ A: _____

Please note that these scores must be verified by submission of score reports directly from the testing agency.

15. Indicate your upper division (junior and senior year) undergraduate GPA on a 4.0 system: _____

16. Indicate your graduate degree (if applicable) _____, _____GPA, and date _____

17. List **EACH** college or university you attended before applying to the University of South Florida.

Name of School Location Dates of Attendance List Degrees Earned or Expected

18. What are your social work career interests? What method of practice, and target population are of primary interest to you?

19. List below your undergraduate major advisor and one other professor in your major area of study. If you have completed work at the graduate level also, include the major professor responsible for your graduate program.

NAME **INSTITUTION** **DEPARTMENT** **(City, State, ZIP)**

20. Please be advised that under the Family Educational Rights and Privacy Act of 1974 the student may decide whether letters of reference written at his request are to be held confidential from him or be available for his personal inspection. Please make a choice with respect to your letters of references.

___ Confidential File. I grant permission for these letters of reference to be held confidential by the University of South Florida, School of Social Work.

___ Open File. I retain the choice of having this letter of reference available to me.

Note to applicant: Three References are needed. These references should be completed by a combination of direct supervisors and academic professors. They should be completed by the applicant's current and/or previous supervisors in social work-related positions and by professors that have taught the applicant in either graduate or undergraduate courses. http://www.usf.edu/cbcs/social-work/documents/msw_letter_of_recommendation_form.pdf

21. If there is additional information that you feel should be considered in reviewing your application, please include such information below or on an attached sheet.

22. The School of Social Work works closely with a large number of community agencies to facilitate successful field experiences for each student. Any student planning to seek a required field practicum or to obtain a career position as a direct service provider in agencies that serve population groups such as children and the elderly, should be aware it may be necessary to agree to various screening requirements before proceeding. **These may include but not be limited to fingerprinting, background checks, drug testing, completion of certain affidavits, etc.** Because of these requirements, it is necessary for applicants seeking admission to either program or for field practicum to disclose to the advisor of that program, any charges or convictions that may negatively impact their ability to be successful in this effort. While past experiences will not necessarily prohibit admission to the School, these may restrict the availability of potential practicum placement sites and/or time lines.

Is there anything in your personal history that would prevent you from being licensed as a social worker? Any past or current, charges or arrests that may jeopardize your placement and/or employment opportunities? _____ Yes _____ No (please check one)

Please explain:

23. Please indicate if you have an interest in the MSW/MPH dual degree program Yes No

24. Please list your social work experience below, and indicate the name of a person who can verify your employment:

	Position	Employer Name	Dates		Immediate supervisor	Paid or volunteer
			From: Mo./Year	To: Mo./Year		

1.

Description of duties:

2.

Description of duties

3.

Description of duties

IMPORTANT: EACH APPLICANT MUST READ AND SIGN THE FOLLOWING SECTION

I understand that this application is for admission only to the University of South Florida and is valid only for the term indicated in item #1. I also understand and agree that I will be bound by the University's regulations concerning application deadline dates and admission requirements as published in the University's Catalog. Moreover, I understand that admission to the program is competitive and that this application does not ensure my admission to the Master's Degree Program in Social Work.

I certify that all the information given in this application is complete, accurate, and true; and, if admitted, I hereby agree to abide by the policies of the Board of Regents and the rules and regulations of the University. I also authorize the release of information concerning my academic progress to educational institutions for research study purposes. Should any of the information I have given change prior to my entry to the University, I will immediately notify the Admissions Office.

Applicant's Signature	Date	U: University ID Number
------------------------------	-------------	--------------------------------