

**Application for Admission - Master of Social Work  
University of Michigan School of Social Work**

**PLEASE TYPE.**

**Full Legal Name** \_\_\_\_\_  
Last (family) First Middle

**Gender** \_\_\_ Male \_\_\_ Female

**U.S. Social Security Number** \_\_\_ - \_\_\_ - \_\_\_\_

**Place of Birth** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
(City, State, Country) (mm/dd/yyyy)

**Current (Mailing) Address** (Valid until mm/dd/yyyy): \_\_\_\_\_

\_\_\_\_\_

City State (Country) Zip/Postal Code

Telephone No. \_\_\_\_\_  
Home Business

**Permanent Address**

\_\_\_\_\_

City State (Country) Zip/Postal Code County (for Michigan only)

Telephone No. \_\_\_\_\_  
Home Business

E-mail address \_\_\_\_\_ FAX# \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Name (Area Code) Telephone

In order to match supporting documents with your application, list other names by which you have been known: \_\_\_\_\_

**Ethnicity: (U.S. Citizens & U.S. Permanent Residents only) – Optional**

The information requested below is optional and will not be used in the admissions process. It is collected to comply with state and federal reporting requirements, as well as for statistical purposes. Your answer, or decision not to answer, will have no bearing on the School of Social Work's admission decision.

**Please indicate whether you consider yourself to be Hispanic or Latino.** \_\_\_ NO, not Hispanic or Latino  
\_\_\_ YES, Hispanic or Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race

**In addition, select one or more of the following racial categories to describe yourself:**  
\_\_\_ **American Indian or Alaska Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.  
\_\_\_ **Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.  
\_\_\_ **Black or African American:** a person having origins in any black racial groups of Africa.  
\_\_\_ **Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.  
\_\_\_ **White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Educational Plans**

**Term applying for:** Fall 2010 (1810)

**Curriculum Schedule Selection:** (Check one only - refer to "Curriculum Schedules" on the SSW Web site for information.)

\_\_\_ 16 month \_\_\_ 20 month \_\_\_ 12 month ("Advanced Standing") \_\_\_ Part-Time/Extended Degree

Have you previously applied for admission to the School of Social Work (Ann Arbor campus)? \_\_\_ NO \_\_\_ YES: term/year \_\_\_\_\_  
Have you previously taken courses offered by the School of Social Work (Extension or NCFD)? \_\_\_ NO \_\_\_ YES: term/year \_\_\_\_\_  
Are you applying under the Provisions for Non-Baccalaureate Degree applicants? \_\_\_ NO \_\_\_ YES

**ATTACH \$75 APPLICATION FEE.**

*It is essential that you review the School of Social Work Web site [www.ssw.umich.edu](http://www.ssw.umich.edu) before completing this application and supply complete and accurate data. Omission of information will delay action. Indicate all non-applicable information with N/A.*

Are you applying for admission to another department of this University for the same term as this application?

\_\_\_ NO \_\_\_ YES

If yes, have you paid an application fee to that Dept.?

\_\_\_ NO \_\_\_ YES

Dept. Name: \_\_\_\_\_

**Citizenship:(check one)**

\_\_\_ U.S. Citizen  
\_\_\_ U.S. Permanent Resident:  
Alien Registration # A \_\_\_\_\_  
Country of Citizenship \_\_\_\_\_  
\_\_\_ Non-U.S. Citizen/Int'l Applicant:  
Visa Type \_\_\_\_\_  
SEVIS ID# \_\_\_\_\_  
Country of Citizenship \_\_\_\_\_  
Native Language \_\_\_\_\_

**State of Legal Residence:** \_\_\_\_\_

**FOR OFFICE USE:** Plan #: \_\_\_\_\_ Method: \_\_\_\_\_ Area: \_\_\_\_\_ Minor: \_\_\_\_\_ FA: \_\_\_\_\_

**Educational Experience:** Starting with your most recent attendance, list **all** colleges/universities attended. **An official transcript is required from each undergraduate and graduate college/university attended, including those for which transfer credit was granted toward your degree. If you are currently enrolled, you must include an official transcript showing course work completed to date and arrange for an official transcript to be sent to the School of Social Work upon completion of all academic work and awarding of degree.** Each official transcript must be submitted in a sealed, signed envelope with your application. Failure to submit complete and accurate information will result in a delay in processing.

Name, City, State (Country) of College/University Attended	Dates of Attendance		Major	Name of Degree Expected/Rec'd	Date Degree Expected/Rec'd
	From mm/yyyy	To mm/yyyy			

As part of the required prior academic preparation, applicants must have knowledge about the biological determinants of human behavior. (Such content may be covered in courses in social work, psychology, human biology, human sexuality, human development, and anthropology.) Indicate below the courses you have taken or are currently taking to meet this requirement. Attach an additional sheet if necessary.

College/University	Course Name	Course Number	Grade	Term/Yr.

**Recommendations:** List below the three persons you have selected as recommenders. The recommendation forms can be submitted either online or in sealed, signed envelopes along with all supporting application materials. To have your recommenders submit their recommendation online, go to the online MSW application to register your recommenders (Step 5 Recommendations). Hard copy recommendation forms are available on our SSW Web site.

Full name & email address	Business name and address of each recommender	How long known

**Additional materials required by some applicants:** (see Admissions section on the SSW Web site for further information and instructions)

Provisions for Non-Baccalaureate Degree	Compelling Reasons Statement; Position Forms; Supplemental Reference Form(s) from human service related work experience supervisors
Part-Time/Extended Degree	Part-Time/Extended Degree Statement
Transfer	Transfer Statement; Copy of Field Work Evaluation(s); Recommendation from current/former MSW faculty advisor
International	Affidavits of Financial Support
Applicants whose native language is not English	Official English Proficiency Examination Scores (TOEFL/MELAB/IELTS)
Reapplication	New Supplementary Statement; One additional recommendation form



**Curriculum Planning:**

Review the "Curriculum Options" information on our Web site before completing this section. The MSW curriculum offers a dual concentration - **Practice Method and Practice Area**. Please indicate your choices below. You may alter your selections after admission by submitting a written request. You also have the option of selecting a Practice Method as a minor or a certificate program by indicating your choice in the appropriate boxes below. You may change your optional minor and/or certificate program decision once you have enrolled, but we ask that you identify your preferences to assist the School in course planning.

<b>DUAL CONCENTRATION (Select one Practice Method &amp; one Practice Area)</b>		<b>PRACTICE METHOD (MINOR):</b> <b>(OPTIONAL-CHECK ONE ONLY)</b>
<b>PRACTICE METHOD (MAJOR):</b>	<b>PRACTICE AREA:</b>	
<input type="checkbox"/> INTERPERSONAL PRACTICE (179)	<input type="checkbox"/> AGING IN FAMILIES AND SOCIETY (6)	<input type="checkbox"/> INTERPERSONAL PRACTICE
<input type="checkbox"/> COMMUNITY ORGANIZATION (196)	<input type="checkbox"/> CHILDREN & YOUTH IN FAMILIES AND SOCIETY (2)	<input type="checkbox"/> COMMUNITY ORGANIZATION
<input type="checkbox"/> MANAGEMENT OF HUMAN SERVICES (503)	<input type="checkbox"/> COMMUNITY & SOCIAL SYSTEMS (3)	<input type="checkbox"/> MANAGEMENT OF HUMAN SERVICES
<input type="checkbox"/> SOCIAL POLICY & EVALUATION (869)	<input type="checkbox"/> HEALTH (4)	<input type="checkbox"/> SOCIAL POLICY & EVALUATION
	<input type="checkbox"/> MENTAL HEALTH (5)	

**Certificates/Specializations: (OPTIONAL)**

SPECIALIST IN AGING     SOCIAL WORK IN A SCHOOL SETTING     SOCIAL WORK IN THE WORKPLACE  
 JEWISH COMMUNAL LEADERSHIP PROGRAM (JCLP)

**Dual Degree Programs**

Please indicate if you are also applying to any of the programs/schools listed below: (Note: You must contact each School/Dept. and complete their application materials.)

<input type="checkbox"/> School of Business Administration (00830)	<input type="checkbox"/> College of Architecture & Urban Planning (00833)
<input type="checkbox"/> School of Public Health - Health Beh/Health Ed (00831)	<input type="checkbox"/> School of Public Policy (00832)
<input type="checkbox"/> Joint Doctoral Program in Social Work & Social Science (01094)	<input type="checkbox"/> School of Law (01418)
<input type="checkbox"/> Student Initiated Combined Degree Program, please specify _____	<input type="checkbox"/> School of Information (01748)

**Language Proficiencies**    Indicate your proficiency in any language(s) other than English:

Language: _____	Language: _____
Native Speaker? <input type="checkbox"/> Yes <input type="checkbox"/> No      Able to Translate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Native Speaker? <input type="checkbox"/> Yes <input type="checkbox"/> No      Able to Translate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Proficiency in: (low/med/high)    Speaking _____    Reading _____    Writing _____	Proficiency in: (low/med/high)    Speaking _____    Reading _____    Writing _____
Years of study in high school: _____      Terms of study in college: _____	Years of study in high school: _____      Terms of study in college: _____
Additional experience: _____	Additional experience: _____
Would you like to have a field placement or professional position with a population that speaks this language? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would you like to have a field placement or professional position with a population that speaks this language? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Other Information**

Are you the first in your family to attend graduate school?     Yes  No

List any academic or professional honors/awards you have received: \_\_\_\_\_

In which of the following geographic settings would you like to complete your MSW field placement?

Rural                       Urban                       Suburban                       University

List the other universities to which you are also applying: \_\_\_\_\_

Please rank the four most influential sources for your decision to apply to the University of Michigan School of Social Work. Put a "1" next to the most influential source, a "2" next to the second most influential source, a "3" next to the third most influential source, and a "4" next to the fourth most influential source.

<input type="checkbox"/> Posted flyer/brochure on program	<input type="checkbox"/> University of Michigan recruiter at graduate career or professional day: _____
<input type="checkbox"/> Newspaper or Journal ad	<input type="checkbox"/> University of Michigan recruiter at professional conference: _____
<input type="checkbox"/> School of Social Work Viewbook	<input type="checkbox"/> University of Michigan School of Social Work faculty member: _____
<input type="checkbox"/> Colleague at your place of employment	<input type="checkbox"/> University of Michigan School of Social Work graduate: _____
<input type="checkbox"/> Fellow student at your school	<input type="checkbox"/> University of Michigan School of Social Work student: _____
<input type="checkbox"/> Faculty member at your school	<input type="checkbox"/> University of Michigan School of Social Work Web site
<input type="checkbox"/> Friend, relative	<input type="checkbox"/> Undergraduate Preferred Admission Program
<input type="checkbox"/> Other: _____	

I certify that I have read all of the instructions and that I have answered all of the questions completely and truthfully. I understand that misrepresentation of any portion of this application, including supporting credentials and documents, may be cause for canceling my admission or financial award. I also understand that all credentials and documents that I submit become the property of the University of Michigan.

Signature (Your signature is required.)

Date