SPECIAL INSTRUCTIONS/FORMS FOR PERSONS APPLYING UNDER THE PROVISIONS FOR NON-BACCALAUREATE DEGREE APPLICANTS

Please refer to the School of Social Work website for Criteria for Admission to the MSW degree program and general application instructions, as well as the criteria and instructions for persons applying under the Provisions for Non-Baccalaureate Degree Applicants. <ssw.umich.edu/admissions/msw/>

Prior to submitting an application, persons planning to apply under this provision need to provide the following documents to the Office of Student Services either by fax to 734-936-1961, email to ssw.msw.info@umich.edu, or mail to the University of Michigan School of Social Work, 1080 South University, Ann Arbor, MI 48109:

1. Transcripts (may be unofficial) from all colleges/universities in which courses were taken for credit
2. A detailed resume, including job descriptions and hours worked per week for each position.

Submit the above materials for review one month prior to any planned date of application. Once the submitted materials have been reviewed, the prospective applicant will be contacted to schedule an admissions consultation.

Applicants applying under these provisions are required to submit the following additional supplemental materials with their MSW application:

STATEMENT OF COMPELLING CIRCUMSTANCES:
A typed statement describing the compelling circumstances that prevent you from completing a baccalaureate degree.

SUPPLEMENT TO EVALUATION OF WORK/VOLUNTEER EXPERIENCE FORMS:
Before distributing Recommendation forms, attach a “Supplement to Evaluation of Work/Volunteer Experience” form to each Recommendation form that you plan to have submitted from your relevant human service work experience recommenders. It is important to submit sufficient recommendations from supervisors to cover the required human service work experience for admission under this program.

POSITION FORMS:
Position Forms are to be completed by the applicant to describe their related human service paid and/or volunteer work experiences. These forms are a very important part of the application evaluation process. They are used to assist in assessing human service paid and/or volunteer experience(s) in regard to meeting the criteria for admission under this provision.

Applicants must demonstrate that they have competence and ability for professional achievements in the performance of human service responsibilities. Select those paid and/or volunteer positions that you plan to offer as demonstration of competence and ability in the achievement of human services responsibilities. Complete a Position Form for each human service-related position held within the last ten years, beginning with your most recent, that represents a minimum of five years of at least half time paid employment or 5000 documented hours of volunteer work in human service organizations, or an equivalent combination.

Additional material that is desirable, but not required:
The applicant is invited to submit additional evidence of accomplishments that indicate an ability to complete master’s level work satisfactorily. While not required, one or more of the following may strengthen the case for admission.
• At least one academic reference from someone who can discuss the candidate’s ability to complete graduate level classroom courses.

• A sample of the applicant’s written work that demonstrates critical thinking skills. This could be a term paper prepared for a course, or a policy statement, training or educational materials prepared for a workplace or volunteer position.

• Evidence of successful performance in one or more upper-level undergraduate courses, especially in the social sciences (e.g., grades, course outlines, course papers).

All required materials listed above, as well as any additional materials you choose to submit, should be submitted together as one packet with your MSW application materials.

Print or copy as many of the following forms as needed.

J:\oss\RECRUIT\APPLICATION MATERIALS\2011 Appl Materials\NAB_SpecialInstructions.docx
POSITION FORM #_____ 
Number and complete this form for each relevant work experience position you have held starting with your current or most recent position.

Please type or print.

Applicant's Name: _________________________________________________________ Date: ______________________

SSN or UMID #:___________________________________

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A. Name of Agency/Organization: ____________________________________________________________________

Address: ________________________________________________________________________________________

City/State: ________________________________________ Telephone #:_____________________________

Name of Director/Agency Executive: _________________________________________________________________

B. Title of your position: _____________________________________________________________________________

C. Describe your human service responsibilities in this position: ______________________________________________

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D. How does your experience in this position demonstrate competence and ability in achievements in human services responsibilities?

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(continued – see page 2)
E. Dates you held this position: __________________ to __________________
   month/year to month/year

F. In this position:  
   a) were you: Paid_____ or Volunteer_____  
   b) did you work: Full-time_____ or Part-time_____  
   If volunteer or part-time, how many hours per week?________________

G. Provide the name, address and telephone number of your supervisor in this position or any other person who can best evaluate your experience:

   Name:________________________________________________ Title:_____________________________________
   Address:_________________________________________________________________ _______________________  
   City/State:______________________________________________ Telephone #:______________________________
SUPPLEMENT TO
EVALUATION OF WORK/VOLUNTEER EXPERIENCE

INSTRUCTIONS TO THE APPLICANT: Complete the top section. Print your full name, Social Security # or UMID # and the name of your recommender on the form; attach this form to the Recommendation Form before passing it out to your relevant recommender. The recommender should return the recommendation to you in a sealed envelope that is signed across the seal. Then submit it, unopened, to the School of Social Work as part of your application packet.

Under the provisions of the Family and Educational Rights and Privacy Act (FERPA) and applicable state law, you (if admitted and enrolled) will have access to the information provided below unless you waive such access.

I hereby waive my right of access to the information contained in this recommendation.

Signature of Applicant                             Date

IF THERE IS NO SIGNATURE ABOVE, THIS EVALUATION WILL BE TREATED AS NON-CONFIDENTIAL

Applicant’s Name (Please type or print)  Recommender's Name (Please type or print)

Applicant’s Social Security # or UMID #

RECOMMENDER: The person named above is seeking admission to the Master of Social Work Program at the University of Michigan. Please provide us with the following information applicable to applicants who are applying under the "Provisions for Non-Baccalaureate Degree Applicants". We are interested in obtaining an accurate assessment of each applicant to aid us in making our admissions decisions. Individuals who are accepted must be able to fulfill the intellectual requirements of the School and should possess personal qualifications essential to professional practice in social work. We greatly appreciate your assistance in our evaluation of this candidate. Please type or print.

EVALUATION

1. While applicant worked in your agency/organization, was the applicant employed in one or more human service position(s)? YES____ NO____

If "Yes", please briefly describe the human service position(s):

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(continued on page 2)
2. While working in your agency/organization, to what extent did the applicant:

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<th>No Extent</th>
<th>Little Extent</th>
<th>Some Extent</th>
<th>Great Extent</th>
<th>Inadequate</th>
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<tbody>
<tr>
<td>a. Have increasing responsibility in direct service to clients.</td>
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<td>b. Have increasing responsibility for planning services.</td>
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<td>c. Have increasing responsibility for directing significant aspects of the organization's activities.</td>
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<td>d. Demonstrate competence</td>
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<td>e. Demonstrate growth</td>
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Additional Comments:

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Signature of Recommender: _____________________________ Date: _____________________________

Printed Name of Recommender: _____________________________ Title: _____________________________

Agency/Organization Name: __________________________________________________________________________

Address: __________________________________________________________________________________________

Telephone: _____________________________

**INSTRUCTIONS TO RECOMMENDER:** Please place this completed form and any accompanying letter(s) in an envelope, seal, and sign across the seal. Return this to the applicant as soon as possible. The applicant will submit the sealed envelope, unopened, to the School of Social Work as part of the application process.