

# Master of Social Work APPLICATION



## PROGRAM HIGHLIGHTS:

### CLINICALLY FOCUSED PROGRAM

### SCHOOL SOCIAL WORK

### GERONTOLOGY

### SUBSTANCE ABUSE

### WESTFIELD AND WORCESTER LOCATIONS

## The College of Graduate and Continuing Education

at Westfield State University is proud to offer a variety of graduate programs designed to accommodate the personal and professional needs of today's busy student. With no difference between our in- and out-of-state tuition, Westfield State University is a great option for students all over the Northeast!

We share the values of the modern adult learner. Our high quality programs are affordable, flexible, and rewarding. We welcome the opportunity to tell you more about our programs, division, and university and also to guide you through the admission process. We encourage you to work with our outreach specialists who are here to answer your questions.

## APPLICATION PROCESS AND REQUIREMENTS:

Admittance to the Master of Social Work program is competitive. Applicants must submit all of the following materials by February 1st for the application to be reviewed for admission:

1. Completed Master of Social Work application with \$50 application fee.
2. Sealed, official transcripts from all colleges or universities previously attended.
  - Westfield State University alumni do not need to provide undergraduate transcripts unless they have earned academic credit after graduation.
3. Three completed reference forms with accompanying letters of recommendation.
  - At least one academic reference is required.
  - Advanced Standing Students only: A letter from your BSW program director or his or her designee is required. A letter from your field placement supervisor is strongly recommended.
4. Professional résumé or curriculum vitae.
5. A statement of purpose which should include:
  - reason(s) for interest in entering the field of social work;
  - assessment of personal strengths and limitations related to the profession;
  - examination of life experiences and relationship of these experiences to career choice. Discuss here evidence of your commitment to aiding people who are oppressed and/or members of vulnerable populations (good examples are prior work, civic or volunteer experiences); and
  - assessment of personal values and congruence of these beliefs with the social work profession's value system (we suggest that you review the NASW Code of Ethics prior to writing the professional statement).

*The professional statement will be evaluated regarding the above material and also will be considered a writing sample to evaluate your ability to express yourself in written form. Applicants who believe that they have extraordinary circumstances regarding the GPA requirements must include their rationale for their request to have the GPA requirements waived.*

*Though human services experience is not required, applicants are strongly encouraged to describe any prior volunteer or work experience in their professional statement and include it on their resume. Professional experience is viewed positively and considered when making decisions regarding admissions and waiving GPA requirements.*

## DECISION AND DEPOSITS:

Applicants to the Master of Social Work program can expect to be notified of acceptance status by April 1st.

Applicants accepted into the program will have ten days to provide a \$150 deposit to secure a spot in the program. This \$150 deposit will be credited to the students account and applied their first fall semester bill.

## VETERANS BENEFITS

Veterans who qualify for the Massachusetts waiver of tuition or Federal educational benefits must provide the necessary document (DD214) to receive the benefit and must matriculate into a degree program within one semester of their first enrollment in classes to continue to receive the benefit. Westfield State University Veterans Affairs staff will verify the veteran's application status as necessary during the registration period. The DD 214 must be provided by the veteran to the certifying official at Westfield State University, located in the Military Community Excellence Center, Bates Hall, Room 15. Veterans are responsible for all fees associated with Westfield State University course work.

All questions concerning veteran benefits should be directed to Veterans Affairs at (413) 572-8370.

## WESTFIELD STATE UNIVERSITY'S NOTICE OF NON-DISCRIMINATION

Westfield State University does not unlawfully discriminate in admission or access to, or treatment or employment in, its educational programs and activities on the basis of race, color, religion, national origin, age, disability, gender, sexual orientation, gender identity, gender expression, genetic information, marital or parental status, or veteran status.

The University's Director of Non-Discrimination Compliance has been designated to handle inquiries regarding non-discrimination policies. The Director of Non-Discrimination Compliance may be contacted at:

Westfield State University  
The Horace Mann Center, Room 239-1  
333 Western Avenue  
PO Box 1630  
Westfield, MA 01086-1630  
(413) 572-8485

USER ID \_\_\_\_\_  
(Office Use Only)

**Semester Applying For:**

☐ Fall

1. Applicant's Name \_\_\_\_\_  
Last First Middle

Other Name(s) under which records may be found: \_\_\_\_\_

2. Permanent Address \_\_\_\_\_  
Street City State Zip Code

3. Present Mailing Address \_\_\_\_\_  
P.O. Box / Street City State Zip Code

4. Email Address: \_\_\_\_\_

5. Telephone: Mobile \_\_\_\_\_ Work \_\_\_\_\_ Ext. \_\_\_\_\_ Home \_\_\_\_\_

**Voluntary Information**

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number Date of Birth

Ethnicity: \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino

Race: Please check all that apply. \_\_\_\_\_ American Indian or \_\_\_\_\_ Black or African \_\_\_\_\_ Native Hawaiian \_\_\_\_\_ White  
Alaskan Native American or other Pacific  
\_\_\_\_\_ Asian \_\_\_\_\_ Cape Verdean Islander

Gender: \_\_\_\_\_ Female \_\_\_\_\_ Male

Are you or have you ever been a member of the U.S. Armed Forces?

Yes \_\_\_\_\_ No \_\_\_\_\_ ( If you answered yes, your application fee is waived).

**Citizenship** (The following information is used to comply with requirements of the Immigration and Naturalization Service)

- ☐ **UNITED STATES** ☐ **PERMANENT RESIDENT ALIEN REGISTRATION** ☐ **INTERNATIONAL** (Non-Resident Alien) VISA TYPE Specify country and Visa type;  
NUMBER Enclose copies of Alien Registration Card Enclose copies of VISA documentation. Transfer applicants also enclose copy of  
(both sides) and/or Visa Documentation current I-20. Country and Visa type: \_\_\_\_\_.

**PLEASE PROVIDE YOUR HOME COUNTRY ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Will you be applying for Financial Aid?: \_\_\_\_\_Yes \_\_\_\_\_No

7. Previous College Training: List in chronological order. Include associate, bachelor's and any college credit to be considered for transfer into the program. If you attended Westfield State University, indicate whether you were a Day Division or Continuing Education student. (Failure to submit complete, official copies of all previous academic credentials constitutes academic dishonesty and will cause offer of admission to be rescinded.)

\_\_\_\_\_  
Institution Location Dates Attended Total Credits Degree Awarded

\_\_\_\_\_  
Institution Location Dates Attended Total Credits Degree Awarded

\_\_\_\_\_  
Institution Location Dates Attended Total Credits Degree Awarded

8. Undergraduate Major \_\_\_\_\_ Minor \_\_\_\_\_

9. List courses for which you wish to receive graduate transfer credit (*Maximum six credits*):

Institution	Course	Grade	Dates	Credits

10. Please indicate which Social Work program is your preference. If willing to be considered for more than one program, please order preferences (1 being most desired).

WESTFIELD CAMPUS	WORCESTER
<input type="checkbox"/> Advanced Standing, full-time (1 year)	<input type="checkbox"/> Advanced Standing, part-time (2 years)
<input type="checkbox"/> Advanced Standing, part-time (2 years)	<input type="checkbox"/> Traditional, accelerated part-time (3 years)
<input type="checkbox"/> Traditional, full-time (2 years)	
<input type="checkbox"/> Traditional, accelerated part-time (3 years)	
<input type="checkbox"/> Traditional, part-time (4 years)	

11. Please identify the courses you have taken that fulfill the requirements below:

**Social Sciences** (classes in this cateogory include psychology, sociology, social work, human services, criminal justice, economics, and cultural studies):

\_\_\_\_\_

**Government** (classes fulfill this requirement will have content that covered the workings of the U.S. government):

\_\_\_\_\_

**Human Biology** (classes that fulfill this requirement may be titled either Human Biology or Anatomy and Physiology or have specific content on human biology):

\_\_\_\_\_

12. Honors or other special recognition of high scholarship or professional endeavors (honor societies, leadership roles in community organizations, publications, etc.)

13. Disciplinary and Criminal Information

Have you ever been placed on probation or suspended for disciplinary reasons? ☐ Yes ☐ No

In the case of transfer students, have you ever been refused admission to a college or university for disciplinary reasons? ☐ Yes ☐ No

If you answered yes to either question, enclose an explanation on a separate sheet. The college's dean of students, or the high school guidance counselor, as appropriate, also must submit a letter of explanation. Your application will be considered incomplete without this information.

Have you ever been convicted of a felony? ☐ Yes ☐ No

If you answered yes, enclose on a separate sheet an explanation of the circumstances leading to criminal conviction. Your application will be considered incomplete without this information.



14. REFERENCES: List three professional references. \* Reference forms are enclosed.

1.	<hr/>		
	Name	Position	Address
2.	<hr/>		
	Name	Position	Address
3.	<hr/>		
	Name	Position	Address

*\*Students may not resubmit references from another program, although you may request references from the same individuals.*

15. Complete and attach your narrative statement. Please follow statement guidelines listed on the inside front cover.

16. Please check each box to indicate that you understand the following information and sign to verify the accuracy of this information.

- ☐ I understand that the application fee and deposit if accepted are non-refundable.
- ☐ I understand that reference forms need to have attached narratives or letters in support of my application.
- ☐ I understand that if accepted I will need to meet all the prerequisite requirements by the timeline determined by the Program Coordinator but not having completed all the prerequisites prior to applying is not a reason for rejection from the program.
- ☐ I understand the personal statement I am submitting is both a writing sample and a demonstration of my understanding of the Values and Ethics of Social Work, my critical thinking skills, and my ability to be self-reflective.
- ☐ I understand that field placement agencies generally require a CORI check. I also understand that if I have a positive CORI background check that this positive CORI has the potential to reduce or eliminate opportunities regarding field placement options and may create issues with acquiring license once completing my M.S.W., and could impact social work employment after completing my M.S.W.
- ☐ I understand that all application materials are property of Graduate and Continuing Education and cannot be returned to you or submitted to other parties for any other use.

By signing below, I certify that I have read and understood the general admission information in this application and that the information in this application is true and complete to the best of my knowledge.

<hr/>	<hr/>
Signature	Date

*Westfield State University maintains and promotes a policy of non-discrimination on the basis of race, color, creed, religion, national origin, gender, age, disability, sexual orientation, gender identity, marital status, genetic information or veteran status.*



PLEASE SEND  
REFERENCE FORM TO:

Westfield State University  
GRADUATE AND CONTINUING EDUCATION  
ATTN: ADMISSIONS  
577 WESTERN AVE · PO BOX 1630 · WESTFIELD, MA 01086-1630

**To be filled out by applicant** *Please type or print.*

Applicant's Name: \_\_\_\_\_  
Last First Middle

Federal law enables the applicant to have access to this recommendation unless the candidate voluntarily waives this right.  
*I waive my right of access to this recommendation and consent to it remaining confidential to me.*

Signature

Date

NAME & ADDRESS OF REFERENCE

Name

Street Address or P.O. Box

City

State

Zip

REFERENCE FOR ADMISSION TO:

Program/Concentration

**To be filled out by the reference** *Please type or print.*

Your name was given as one who could provide a professional estimate of the applicant's ability to pursue this program. We will greatly appreciate your estimate of the applicant's aptitude for graduate study and promise of professional success. Westfield State University is committed to a policy of non-discrimination and affirmative action in its educational programs, activities and employment practices. It is the policy of Westfield State University not to discriminate on the basis of race, sex, color, national origin, age, religion or disability. Please complete the information requested below and return to our office. Thank you for your cooperation.

1. In what capacity (professional, academic, other) and for how long have you known the applicant? Explain:

---

---

2. Please complete the rating scale by placing checkmarks in the appropriate locations. Compare with others you have known:

	No Basis for Evaluation	Below Average	Average	Above Average	Outstanding
Character & Personal Integrity					
Professional Attitude					
Scholarship					
Competence as an Educator					
Ability to Work with Others					
Self-confidence					
Professional Growth Potential					
Oral and Written Expression					
Leadership Potential					

3. Please add or attach comments that will assist the university in evaluating the applicant.

---

---

Date

Signature

Position

Address





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Name

Street Address or P.O. Box

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Zip

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---

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Leadership Potential					

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Date

Signature

Position

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Date

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Name

Street Address or P.O. Box

City

State

Zip

REFERENCE FOR ADMISSION TO:

Program/Concentration

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Professional Attitude					
Scholarship					
Competence as an Educator					
Ability to Work with Others					
Self-confidence					
Professional Growth Potential					
Oral and Written Expression					
Leadership Potential					

3. Please add or attach comments that will assist the university in evaluating the applicant.

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Date

Signature

Position

Address



# Proof of Residency

*Please return this form to the College of Graduate & Continuing Education or submit electronically.*

## MASSACHUSETTS PUBLIC HIGHER EDUCATION INSTITUTIONS TUITION ELIGIBILITY FORM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Has your address changed since you applied to WSU? ☐ Yes ☐ No

SSN# or Student I.D. Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you a U.S. Citizen? ☐ Yes ☐ No

Are you a Permanent Resident? ☐ Yes ☐ No If yes, please provide Alien Registration Number: \_\_\_\_\_

If you are not a U.S. Citizen or Permanent Resident, please state your immigration status in detail:

\_\_\_\_\_

Please check the eligibility category that applies to you:

- ☐ I have been a Massachusetts resident for twelve (12) continuous months and intend to remain here.
- ☐ I am not a Massachusetts resident and will be applying to the College of Graduate and Continuing Education.

As proof of my residency, I possess at least 2 of the following documents, which I shall present to the college only upon request. These documents are dated within one (1) year of the start date of the academic semester for which I seek to enroll (except possibly for my high school diploma). The institution reserves the right to make any additional inquiries regarding the applicant's status and to require submission of any additional documentation it deems necessary.

Please check-off those documents you possess as proof of your residency.

- |   |  |   |
|---|--|---|
| <input type="radio"/> Driver's license    | <input type="radio"/> Voter registration           | <input type="radio"/> Military home of record                               |
| <input type="radio"/> High School Diploma | <input type="radio"/> State/Federal tax returns    | <input type="radio"/> Record of parents' residency for unemancipated person |
| <input type="radio"/> Employment pay stub | <input type="radio"/> Utility bills                | <input type="radio"/> Other: _____  |
| <input type="radio"/> Car registration    | <input type="radio"/> Signed lease or rent receipt |   |

I certify that this information is true and accurate. I understand that any misrepresentation, omission, or incorrect information shall be cause for disciplinary action up to dismissal, with no right of appeal or to a tuition refund.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE (IF APPLICANT IS UNDER 18 YEARS OLD)

\_\_\_\_\_  
DATE

# RULES AND REGULATIONS FOR THE CLASSIFICATION OF STUDENTS FOR TUITION PURPOSES

These rules and regulations shall apply to the classification of students at Westfield State University as Massachusetts or non-Massachusetts students for tuition purposes.

## SECTION 1. DEFINITIONS

- 1) ACADEMIC PERIOD – A term or semester in an academic year or a summer session, as prescribed by the Board of Trustees or under their authority
- 2) CONTINUOUS ATTENDANCE – Enrollment at the university for the normal academic year in each calendar year, or the appropriate portion or portions of such academic year as prescribed by the Board of Trustees or under their authority.
- 3) DOMICILE – A person's true, fixed and permanent home and place of habitation, where he intends to remain permanently or for an indefinite time.
- 4) EMANCIPATED PERSON – A person (a) who has attained the age of 18 years of age, or (b) if under 18 years of age, whose parents have entirely surrendered the right to the care, custody and earnings of such person and who no longer are under any legal obligation to support or maintain such persons, or (c) a person who has no parent. If none of the foresaid definitions apply, said person shall be deemed an "unemancipated person."
- 5) HIS – Shall apply to the female as well as male gender.
- 6) PARENT – With respect to a person (in the case of an adopted person, inserting the adjective "adoptive" before the words "father and "mother" whenever used)
  - a) the person's father;
  - b) if the person's father dies, either the legal guardian or if no legal guardian is appointed, the person's mother;
  - c) if neither the father nor mother is living and no legal guardian is appointed, the person who then stands in loco parentis to the person;
  - d) if the father and mother are divorced, the person to whom legal custody of the person is awarded;
  - e) if the father and mother are divorced, separated or unmarried and legal custody has not been awarded, the father or the mother, as the case may be, with whom the person lives or, if he lives with neither and the father is living, the father.
- 7) RESIDENCE – A place of habitation

## SECTION 2. RULES FOR DETERMINATION OF DOMICILE

- 1) Domicile is not acquired by mere physical presence in Massachusetts while the person is carrying on a course of study at the university or while the person is engaged in employment for a specified term unless Massachusetts is otherwise the domicile of the person.
- 2) Domicile at birth may be changed thereafter, by action of the parent in the case of an unemancipated person or by action of the person himself in the case of an emancipated person.
- 3) A person claiming Massachusetts as his domicile shall furnish evidence to support such claim. The following shall be of probative value, although not necessarily conclusive, in support of a claim of domicile within Massachusetts:
  - (a) Birth certificate;
  - (b) Motor vehicle registration and/or operator's license;
  - (c) Voting or registration for voting;
  - (d) Certified copies of federal and state income tax returns;
  - (e) Property ownership;
  - (f) Continuous physical presence in Massachusetts during periods when not enrolled as a student;
  - (g) Permanent employment in a position not normally filled by a student;
  - (h) Reliance on Massachusetts sources for financial support;
  - (i) Former domicile in Massachusetts and maintenance of significant connections therein while absent;
  - (j) Domicile of parent within Massachusetts.

Evidence submitted in support of an assertion of domicile or of parental relationship shall be in such form as Westfield State University may require. Copies of official records or documents shall be authenticated by a proper officer. Assertions of fact made other than by an authenticated copy of an official record shall be certified as to accuracy and completeness by the person submitting the same.

## SECTION 3. PROOF OF PARENTAL RELATIONSHIP

A person asserting that he is an emancipated person shall furnish evidence to support such assertion. Such evidence may include:

- a) Birth certificate or any other legal document that shows place and date of birth;
- b) Legal guardianship papers- court appointment and termination must be submitted;
- c) Statements of the person, his parent(s), guardian(s), or others certifying no financial support;
- d) Certified copies of federal and state income tax returns filed by the person and his parent(s);
- e) Where none of the foregoing can be provided, an affidavit of the emancipated person in explanation thereof and stating fully the grounds supporting the claims of emancipation.

## SECTION 4. RULES FOR CLASSIFICATION

- 1) Every emancipated person applying for admissions to the university who has maintained a residence in Massachusetts for a period of no less than one continuous calendar year next preceding the date of his application and has established a domicile in Massachusetts shall be eligible for classification as a Massachusetts student for tuition purposes
- 2) Every unemancipated person applying for admissions to the university whose parent had maintained a residence in Massachusetts for a period of no less than one continuous calendar year preceding the date of application and has established a domicile in Massachusetts, shall be eligible for classification as a Massachusetts student for tuition purposes.
- 3) Every emancipated person seeking a change of classification who has maintained a residence in Massachusetts for a period of no less than one continuous calendar year next preceding the beginning date of the academic period for which he registers and has established a domicile in Massachusetts shall be eligible for classification as a Massachusetts student for tuition purposes for such academic period.
- 4) Every unemancipated person seeking a change in classification whose parent has maintained a residence in Massachusetts for a period of no less than one continuous calendar year next preceding the beginning date of the academic period for which the person registers and has established a domicile in Massachusetts shall be eligible for classification as a Massachusetts student for tuitions purposes for such academic period.
- 5) A person having his domicile elsewhere than in Massachusetts shall not be eligible for classification as a Massachusetts student for tuition purposes except as herein provided.
- 6) Any person who is registered at the university as a Massachusetts student shall be eligible for continued classification as a Massachusetts student for tuition purposes (until attainment of the degree for which he is then enrolled) during continuous attendance at such institution.
- 7) A member of the Armed Forces of the United States and his/her spouse and unemancipated children shall, while he/she is on active duty and stationed in the Commonwealth of Massachusetts, be eligible for classification as Massachusetts students for tuition purposes.

## SECTION 5. CHANGE IN CLASSIFICATION

No application for change to classification as a Massachusetts student for tuition purposes submitted later than the first day of classes shall affect a classification during the then current academic period.

## SECTION 6. PENALTY FOR MISREPRESENTATION

Misrepresentation in or omission from any evidence submitted of any fact which if correctly or completely stated would be grounds to deny classification as a Massachusetts student for tuition purposes shall be cause for exclusion or expulsion from or other disciplinary action by the university.

## SECTION 7. APPEALS

Appeals from a determination denying classification as a Massachusetts student shall be initiated by filing a written request with the bursar of the university or his/her designee specifying the particular grounds for said request.

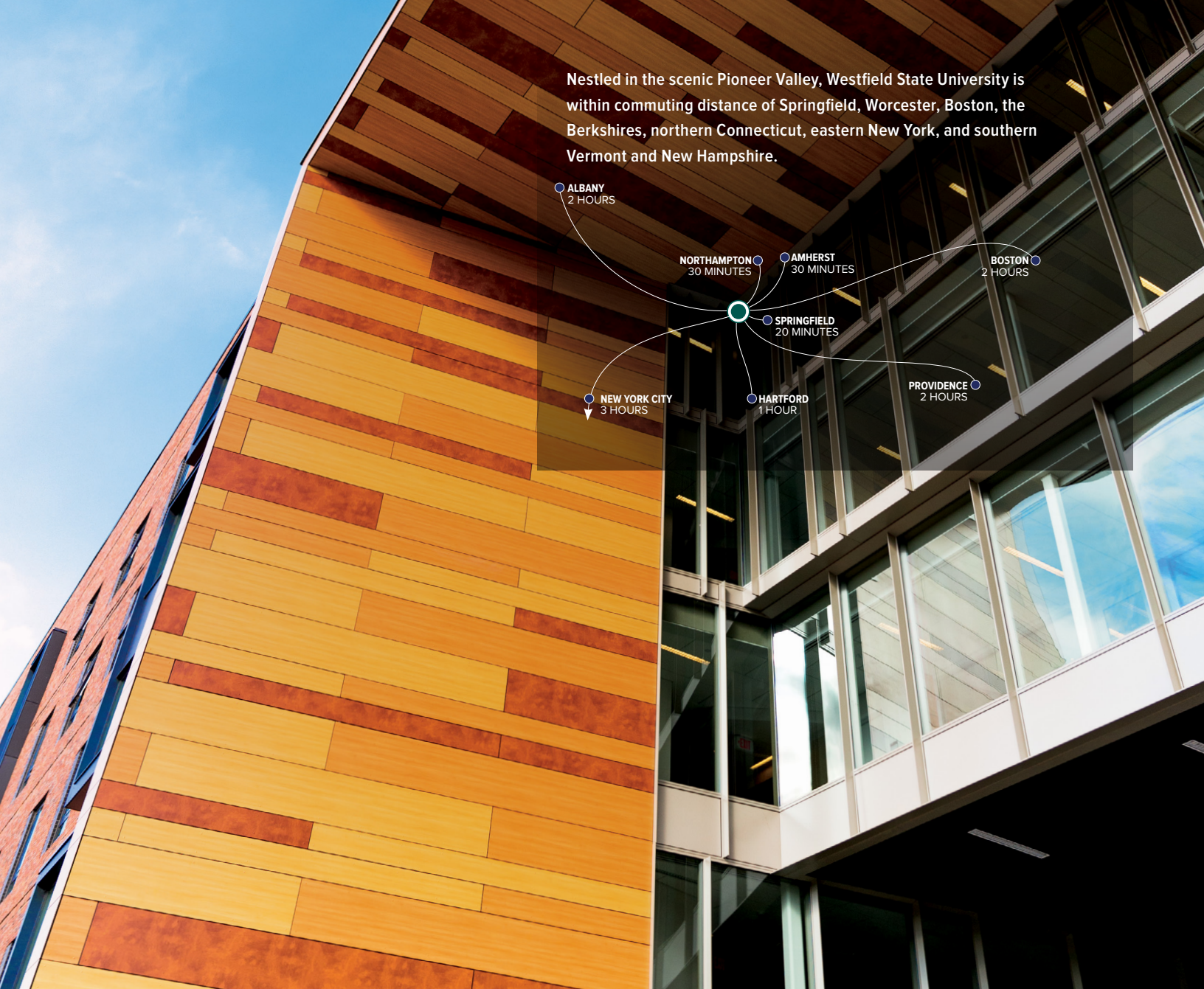
## SECTION 8. MISCELLANEOUS

Nothing contained herein shall be construed as limiting or prohibiting the authority of the Board of Trustees to waive or reduce tuition charges.

### ADMISSION APPLICATION CHECKLIST

- |   |   |
|---|---|
| <input type="checkbox"/> A check or money order for \$50.00 payable to Westfield State University is enclosed   | <input type="checkbox"/> Three professional references  |
| <input type="checkbox"/> Official transcripts from each school listed have been sent directly from the school or college in a sealed envelope, or will be forwarded | <input type="checkbox"/> Once accepted in to the program, proof of immunization including Hepatitis B |
| <input type="checkbox"/> Proof of Residency form  | <input type="checkbox"/> Professional resume recommended  |
| <input type="checkbox"/> Narrative statement  |   |





Nestled in the scenic Pioneer Valley, Westfield State University is within commuting distance of Springfield, Worcester, Boston, the Berkshires, northern Connecticut, eastern New York, and southern Vermont and New Hampshire.

ALBANY  
2 HOURS

NORTHAMPTON  
30 MINUTES

AMHERST  
30 MINUTES

BOSTON  
2 HOURS

SPRINGFIELD  
20 MINUTES

PROVIDENCE  
2 HOURS

HARTFORD  
1 HOUR

NEW YORK CITY  
3 HOURS

# Westfield State University

## Graduate and Continuing Education

577 Western Avenue, P.O. Box 1630 • Westfield, MA 01086-1630

(t) (413) 572-8020 • (f) (413) 572-5227 • (tty/tdd) (413) 572-5250

[wsucge@westfield.ma.edu](mailto:wsucge@westfield.ma.edu) • [GoBackNow.com](http://GoBackNow.com)