

MSW Application Check List

Please complete both pages, sign and return with your application or submit electronically with your online application. You may also email it to: wsucgce@westfield.ma.edu.

| Co | ontact Information |
|----|--|
| Na | nme: |
| Ad | ldress: |
| em | nail: |
| ph | one: cell phone: |
| Αŗ | oplication attachments and requirements (please check if complete): |
| | Application form attached |
| | Application fee |
| | Resume attached |
| | Professional statement attached |
| | Transcripts (list degrees & institutions): |
| | 3 Reference Forms & narratives* (list names): |
| | *Be sure to inform your references that an attached letter or narrative is required beyond the check list reference form. |
| Pr | rogram of Study Questions: |
| | 1. Please select the program you are applying for (if you would like to apply for both programs, choose both): |
| | Westfield ongrounds: internship must be completed in-person, within 60 miles of Westfield. |
| | Online: internship must be completed in-person, in MA. |
| | Please rank your preferred plan for program completion (1=first preference): Traditional Program (66 credits) 2 year (full time) 3 year (accelerated part time) 4 year (Part time) |
| | Advanced Standing (37 credits only BSW Graduates eligible) 1 year (full time) 2 year (part time) |
| | If advanced standing applicant please list undergraduate social work GPA: |

Please identify the clinical area of specialization you want to declare*(Specializations are not required. Specializations: 1.Children, Youth & Families; 2.Health Soc. Work; 3.Substance Use/Addictions; 4.Latinx. Comm. Health):

Liberal Arts Prerequisites

Please list the courses you have taken that may meet these requirements (for more information on these requirements and options for completion please see the admission policy)

| Aı | merican Government: Human Biology: | |
|--|---|--|
| So | ocial Science: | |
| In | portant Application and Admissions Information: | |
| Please check each box that you understand the following information and sign this form to verify | | |
| the | e accuracy of this information. | |
| | I understand that the application fee and the deposit if accepted are nonrefundable. | |
| | 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 Liberal Arts Prerequisites by the timeline determined by the program but that not having completed all the prerequisites prior to applying are not a reason for rejection from the program. | |
| | I understand that the professional statement I am submitting is both a writing sample and a demonstration of my understanding of the Values & 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 understand that if I have a positive CORI background check that this positive CORI has the potential to greatly reduce or eliminate opportunities regarding field placement options, may create issues with acquiring a license once completing my MSW, and could impact social work employment after completing my MSW. | |
| | I understand that I am not required to identify a specialization, and that all specializations are pending university approval. | |
| Na | ame | |
| (p | lease print) | |
| Si. | gned | |
| Da | ate | |