

FALL 2015 CSUN MSW PROGRAM APPLICATION

Instructions: Please carefully answer all questions checking that information is accurate and complete. Type your answers and/or select from the options given in the specified spaces. **ONLY typed forms will be accepted.**

Personal Information		
Program preference: <input type="checkbox"/> Two-Year <input type="checkbox"/> Three-Year <input type="checkbox"/> Either, prefer Two-Year <input type="checkbox"/> Either, prefer Three-Year <input type="checkbox"/> Either, no preference	Have you applied to our MSW program before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for what term/year: _____ Are you interested in any of our off-site programs? Please indicate below. <input type="checkbox"/> College of the Canyons <input type="checkbox"/> Online	If applying for the three-year program please provide at least two weekdays Monday – Friday that you will be available for field internship hours during regular business hours: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday Are you a county child welfare employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for what agency: _____
First name:	Middle name:	Last name:
Maiden name or other name(s) previously used:		
Preferred Name, if applicable:		
Address number and street:		
City:	State:	Zip:
Country:		
Phone number (preferred):	Type:	
Phone number (alternate 1):	Type:	
Phone number (alternate 2):	Type:	
CSUN E-mail address:		
Last four digits of Social Security Number:	Date of birth:	CSUN ID:
List all languages that you are fluent in other than English:		
Are you a United States citizen?	If you are not a United States citizen, of what country are you a citizen?	
Emergency Contact Information		
First name:	Last name:	Relationship:
Address number and street:		
City:	State:	Zip:
Country:	Email address:	
Phone number (preferred contact number):	Type:	

Academic History		
Undergraduate Information		
Institution:	Major:	Degree (BA, BS, etc.):
Date degree received (or expected graduation date):		Cumulative GPA:
Explanation if cumulative GPA falls below 3.0 (you may attach further supporting documentation to application if necessary):		
Prior Graduate Social Work Experience (if applicable)		
Have you ever attended another graduate social work school/program? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, indicate which school(s):
If you have attended another graduate social work school/program, please attach a letter of good standing from the director of the social work school/program and a recent field placement evaluation. Make sure to follow transfer guidelines and contact the Admissions and Records office for further information.		
Institution:	Major:	Degree (MA, MS, PhD, etc.):
Date degree received (or expected graduation date):		Cumulative GPA: