

Please check the program in which you seek enrollment: Regular Part Time ASAP

MSW APPLICATION FOR ADMISSION

The Ohio State University
College of Social Work
MANSFIELD CAMPUS PART TIME OPTION

Please carefully read the MSW APPLICATION INSTRUCTIONS before completing this form. **PLEASE PRINT!** Be sure to include your personal statement when sending this application.

PERSONAL DATA

Full Legal Name: _____
Last First Middle/Maiden

Social Security #: _____

Permanent Address: _____
Street City State Zip Code () Phone Number

E-Mail Address _____

Will you be classified by OSU as an Ohio resident? Yes _____ No _____

Are you a U.S. citizen? Yes _____ No _____ If no, what type visa? _____

The Council on Social Work Education (CSWE) requires social work programs in institutions accredited by the Council to report student enrollments by sex, age and race. The information requested here will assist in meeting this requirement and will be used for statistical purposes only. **RESPONSE IS OPTIONAL.** Please check where appropriate:

___ African American ___ American Indian ___ White ___ Chicano

___ Foreign: From _____ ___ Puerto Rican

___ Asian American Other _____ (Specify)

Birthdate: _____ Sex: Male ___ Female ___

Vietnam-era Veteran? Yes ___ No ___

PRIOR EDUCATION

Colleges/Universities attended and location	From Mo/Yr	To Mo/Yr	Major	Level GRAD/UG	Degree	Date

Use additional sheets if necessary.

Average on all previous college work (on a 4.0 system): _____ (Approximate this average if not known.)

Have you taken or do you plan to take the GRE? Yes ___ No ___ If yes, when? _____
 (Required of students who have less than a 3.0 GPA on a 4.0 system)

Scores: Verbal _____ Quantitative _____ Analytical Writing _____

PRIOR EXPERIENCE

Please give the following information regarding your **social work related experience (employment and volunteer)**:
 agency, length of experience in years, months and days. Please include any field practicums in hours completed.
 Most recent experience first.

VOLUNTEER AND PRACTICUM EXPERIENCE:

Name of Agency or Industry and Address	Position Held	Dates: (From-To)	Practicum hours
1. _____			
2. _____			
3. _____			

Use additional sheets if necessary

EMPLOYMENT EXPERIENCE:

Name of Agency or Industry and Address	Position Held	Hours per week	Dates: (From-To)
1.			
2.			
3.			

Use additional sheets if necessary

Phone number at current employment () _____

Do we have permission to contact you at this number? Yes ___ No ___

CERTIFICATION

I affirm that the information I have provided on this application form and all other application materials is complete, accurate and true to the best of my knowledge. I agree to submit materials required for this admission application. I agree that as a student, I am subject to The Ohio State University Code of Student Rights and Responsibilities, and I understand that furnishing false information on any part of these admission application materials may result in cancellation of admission or registration or both.

Legal Signature

Date

NON-DISCRIMINATION POLICY

The policy of The Ohio State University, both traditionally and currently, is that discrimination against any individual for reasons of race, color, creed, religion, national origin, gender, sexual orientation, age, handicap, or Vietnam-era veteran status is specifically prohibited. Accordingly, equal access to employment opportunities, educational programs, and all other University activities is extended to all persons, and the University promotes equal opportunity through a positive and continuing affirmative action program.