# BSW PROGRAM ADMISSIONS INSTRUCTIONS AND FORMS

Completed application form

Provide copy of current transcripts

Personal Interest Statement instructions

Release of information and disclosure form

Compliance with NASW Code of Ethics form

Three Recommendation letters: One from Introduction to Social Work instructor; Two academic/professional references

Photo/Video Consent Form

College Student Code of Honor Form

College Substance Abuse Compliance Contract

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**APPLICATION FOR ADMISSION BSW PROGRAM**

Date of Application\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID Number\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First

Gender\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_ Ethnicity/Race (Optional):\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hometown\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Are you registered as an international student? Yes No

If “yes”, which country? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Social Work Advisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Semester Hours Completed \_\_\_\_\_\_\_\_\_ (Min.45 hrs.) Overall GPA \_\_\_\_\_\_\_

Are you a transfer student? Yes No

If yes, please indicate the College you are transferring from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Not a requirement for admission:**

Because having a second language is an asset in social work, it is helpful to know if you have second language ability. Please list any second languages in which you can hold a conversation, e.g. Spanish, Sign Language, etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pre-requisites (Equivalent and ASU approved transfer courses may be substituted):**

Please indicate the grade you received in the following courses. To be fully admitted into the Social Work Program, you must have completed each course with a grade of **C** or better prior to applying for admission.

**Course Grade Received**

1. ENG 1003 Freshman English I \_\_\_\_\_\_\_\_\_
2. ENG 1013 Freshman English II \_\_\_\_\_\_\_\_\_
3. SW 2203 Introduction to Social Work \_\_\_\_\_\_\_\_\_
4. BIOL 1003/1001Biological Science/Lab \_\_\_\_\_\_\_\_\_
5. POSC 2103 Introduction to US Government \_\_\_\_\_\_\_\_\_
6. SOC2213 Introduction to Sociology \_\_\_\_\_\_\_\_\_
7. PSY2513 Introduction to Psychology. \_\_\_\_\_\_\_\_\_

**Transcripts and recommendation forms:** Please attach a copy of your **current transcript**, including any transferred credits and three letters of recommendation, one of which must be completed by your Introduction to Social Work Professor/Instructor. If you are unable to provide a letter of reference from your Introduction to Social Work Instructor, a letter from another academic instructor may be substituted, preferably one in social work. Your references must be professional references from employers, agencies you have volunteered at, academic instructors, etc. Letters from family members and friends will not be considered. All forms are included in admission package.

**Personal Interest Statement Instructions:** This statement will be read and evaluated as one criterion in determining applicant’s admission status. The statement must address all of the items listed below. Statements should include a cover page with the applicant’s name. Statements should be two to three pages long (not counting the cover page), double spaced with 1-inch margins.

* What character traits do you have that will help you be successful in the Social Work profession?
* Identify current personal limitations that may present obstacles to your professional development as well as how your plan to overcome these limitations.
* Describe and elaborate on your experiences with diversity.
* Explain when and how you became interested in social work as a profession.
* Identify a client population you would like to work with and elaborate on why you selected this group.

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**Release of Information Disclosure Form**

In order to obtain the best BSW students for our department, the admission committee members may seek information that is not included in the application package. The information sources may come from previous instructors and advisors you may have studied under or worked with. Further, should you be admitted to the program, your instructors, advisor and field supervisor may on occasions, consult together to review your progress in the program in order to help you reach your learning goals. Your signature provides us with consent to communicate with these other individuals as needed.

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

Applicant's Signature Date

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**Code of Ethics Compliance Statement**

My signature below indicates that I have read and evaluated the National Association of Social Workers (NASW) Code of Ethics and I understand that I am obligated to follow the NASW Social Work Code of Ethics should I be admitted into the Program. **Note: To sign the statement without having read the code is a violation of the code.**

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

Applicant's Signature Date

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**Social Work Department**

**Introduction to Social Work - Instructor’s Initial assessment of student’s potential for social work studies\***

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Instructor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester/Year \_\_\_\_\_\_\_\_/\_\_\_\_\_\_ Grade received in class \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | EXCELLENT | \GOOD | FAIR | POOR | NOT OBSERVED |
| 1. Attendance (number of times absent \_\_\_\_ or) |  |  |  |  |  |
| 1. Participation and engagement |  |  |  |  |  |
| 1. Learning behaviors in the classroom |  |  |  |  |  |
| 1. Initial understanding of the profession |  |  |  |  |  |
| 1. Initial understanding of ethics/values |  |  |  |  |  |
| 1. Understands expectations of program |  |  |  |  |  |
| 1. Type of interaction with instructor |  |  |  |  |  |
| 1. Type of interaction with peers/team |  |  |  |  |  |
| 1. All graded assignments completed |  |  |  |  |  |
| 1. All in-class and on-line exercises completed |  |  |  |  |  |
| 1. Work consistently completed on time |  |  |  |  |  |
| 1. Sought additional support from instructor/learning services if needed |  |  |  |  |  |
| 1. Accepts feedback and modifies work/behavior |  |  |  |  |  |
| 1. Potential for the program and profession as observed in the course |  |  |  |  |  |

Comments:

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

Instructor Date

If you are unable to contact your Introduction to Social Work Instructor for this assessment form, you may 1) have it completed by another social work instructor you have had or 2) request a traditional letter of recommendation for one of your other academic instructors.



**LETTER OF RECOMMENDATION FOR SOCIAL WORK BSW PROGRAM APPLICANT**

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This evaluation will be used by the Social Work Review Committee as part of the materials which determine a student’s aptitude and potential necessary for professional social work practice. We would appreciate responses that will help us in this process. If there are particular weaknesses identified we will then be able to work effectively and on an individual basis with the student.**

**Please check:**

|  | **Superior** | **Above Average** | **Average** | **Below Average** | **Unacceptable** | **Unable to Assess** |
| --- | --- | --- | --- | --- | --- | --- |
| **ASSESSMENT OF ATTITUDE** | | | | | | |
| **1. Takes initiative** |  |  |  |  |  |  |
| **2. Willing to use supervision** |  |  |  |  |  |  |
| **3. Takes suggestions in a**  **positive way** |  |  |  |  |  |  |
| **4. Relationship with others**  **(team work)** |  |  |  |  |  |  |
| **5. Shows concern for people** |  |  |  |  |  |  |
| **ASSESSMENT OF PERSONAL QUALITIES** | | | | | | |
| **1. Appropriate dress and**  **grooming** |  |  |  |  |  |  |
| **2. Demonstrates integrity** |  |  |  |  |  |  |
| **3. Demonstrates reliability** |  |  |  |  |  |  |
| **4. Is emotionally stable** |  |  |  |  |  |  |
| **5. Handles situations in a mature and appropriate way** |  |  |  |  |  |  |
| **6. Ability to be self-directed** |  |  |  |  |  |  |
| **ASSESSMENT OF INTELLECTUAL QUALITIES** | | | | | | |
| **1. General intelligence** |  |  |  |  |  |  |
| **2. Creativity** |  |  |  |  |  |  |
| **3. Resourcefulness** |  |  |  |  |  |  |
| **4. Insight/Analysis** |  |  |  |  |  |  |
| **ASSESSMENT OF SOCIAL QUALITIES** | | | | | | |
| **1. Leadership quality** |  |  |  |  |  |  |
| **2. Cooperative** |  |  |  |  |  |  |
| **3. Has poise and tact** |  |  |  |  |  |  |
| **4. Ability to work in a multicultural setting** |  |  |  |  |  |  |
| **ASSESSMENT OF PROFESSIONAL SKILLS** | | | | | | |
| **1. Punctual** |  |  |  |  |  |  |
| **2. Handles self as a professional** |  |  |  |  |  |  |
| **3. Ability to organize work** |  |  |  |  |  |  |
| **4. Ability to work independently** |  |  |  |  |  |  |
| **5. Ability to follow directions** |  |  |  |  |  |  |
| **6. Ability to meet time deadlines** |  |  |  |  |  |  |
| **7. Ability to carry through plans** |  |  |  |  |  |  |
| **8. Ability to problem-solve** |  |  |  |  |  |  |
| **9. Decision making ability** |  |  |  |  |  |  |
| **10. Written communication** |  |  |  |  |  |  |
| **11. Empathetic listening skills** |  |  |  |  |  |  |
| **12. Ability to communicate** |  |  |  |  |  |  |
| **FINAL IMPRESSIONS** | | | | | | |
| **1. Overall quality of work** |  |  |  |  |  |  |
| **2. Overall quantity of work** |  |  |  |  |  |  |
| **3. Overall sound judgment** |  |  |  |  |  |  |
| **4. Overall interpersonal** |  |  |  |  |  |  |
| **POTENTIAL FOR SOCIAL WORK** | | | | | | |
| **1. Ability to be flexible** |  |  |  |  |  |  |
| **2. Ability to gain knowledge of many things** |  |  |  |  |  |  |
| **3. Ability to complex skills** |  |  |  |  |  |  |

PLEASE EXPLAIN IN WHAT CAPACITY YOU HAVE KNOWN THIS INDIVIDUAL:

APPROXIMATELY HOW LONG HAVE YOU KNOW THIS INDIVIDUAL? \_\_\_\_\_ Years \_\_\_\_ Month

PLEASE PROVIDE ANY ADDITIONAL COMMENTS (PARTICULARLY REGARDING ANY STRENGTHS AND/OR CONCERNS) YOU MAY HAVE REGARDING THIS INDIVIDUAL’S POTENTIAL FOR SUCCESS AND SUITABIILTY FOR SOCIAL WORK:

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

Signature Date

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

Title Preferred Phone Number

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

Agency/Institution Email

**Thank you for your assistance with this candidate’s application.**

**This document is confidential. You may mail this form directly to the Social Work Department at Arkansas State University or return this form to the applicant in a sealed envelope with your signature across the seal of the envelope.**

**Arkansas State University**

**Department of Social Work**

**P.O. Box 2460**

**State University, AR 72467**

**(870) 972-3984**

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**Photo / Video Consent and Release Form**

**Social Work Department**

PO Box 2460

State University, AR 72467

Office: (870) 972-3984

Fax: (870) 972-3987

Photo / Video Consent Form and Release to Publish

Both the Social Work Department and Arkansas State University (ASU) are frequently involved in professional, research, and community activities that require visual images to effectively communicate with various audiences.

The Social Work Department and ASU encourage your participation in such professional and community activities where photographs or video images are frequently taken. You are being asked to provide your permission to use your image to be included materials that may be published or posted electronically for the purposes of research, teaching, yearbook, or send/publicity. You are under no obligation to give consent and permission to use your image. Your signature below indicates that you are freely giving the Social Work Department and ASU the right to include your image as explained above. No names will be associated with any photographs and/or video images.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission for photographs and/or video images to be taken and used as described above.

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

Name (Please Print) Date

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

Signature (Parent/Guardian if minor) Date

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**College Student Code of Honor Form**

Each student admitted to a professional program in the College of Nursing and Health Professions is charged with the responsibility of honorable conduct. A student is assumed honorable until his/her actions prove otherwise. An honor offense is defined as an act of lying, cheating, or stealing. Formal procedures exist for violations of the honor code.

As a student in a health program, it is fundamental that you act in an honorable and virtuous way so that a community of trust is established among members of the college and your clients. Honor is a practiced ideal that will positively impact your relationship with fellow students, faculty, administrators, patients and other members of the community. As you live an honorable life, you will find that you cannot live without it.

All students in this college are bound by the Honor Code and all are needed to make it work. The atmosphere of trust and integrity that is created by an honor system enables the student to know his/her word will be taken as true, to compete fairly in the classroom and to keep what is rightfully his/hers. The system functions best when all members of the college not only take responsibility for their own actions, but hold their peers to the same standards.

As a student admitted to a health professions program, you must agree to live by and support the basic principles of honesty - no lying, cheating or stealing; be accountable for your actions; and share information about honor offenses. If you are not prepared to accept these responsibilities, you should select a program outside this college.

I have read the explanation of the College Student Code of Honor. I understand that as an admitted student in one of the programs in the college, I have accepted the pledge of honesty and will be expected to meet the standards as set forward.

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

Signature Date

**To be signed and returned to the Social Work Department to be placed in Student’s file.**

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## Substance Abuse Compliance Contract

## COLLEGE OF NURSING AND HEALTH PROFESSIONS

ARKANSAS STATE UNIVERSITY

I, , have read the Board of Trustee approved *Substance Abuse Policy & Procedures* of the Arkansas State University College of Nursing and Health Professions and agree, as a student in the professional health program, to comply with all aspects of the policy as written, including testing for substance abuse and appropriate release of that information. Furthermore, I agree to abide by the provisions for determining dismissal and to follow the conditions of readmission as outlined.

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

Student’s Name Student’s Signature

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

Date

Application materials are due by the second Friday in February. Late or incomplete applications will not be considered. Submit your application materials to:

**Arkansas State University**

**Department of Social Work**

**P.O. Box 2460**

**State University, AR 72467**

**(870) 972-3984**