

APPLICATION FOR ADMISSION
CERTIFICATE IN SOCIAL WELFARE
RESEARCH AND EVALUATION

WAYNE STATE
UNIVERSITY

SCHOOL OF SOCIAL WORK

PhD Program Office
337 Thompson Home
Wayne State University
School of Social Work
4756 Cass Avenue
Detroit, Michigan 48202
Phone: (313) 577-4419
Fax: (313) 577-8770
Email: sswphd@wayne.edu

Application for Semester:

Fall

Winter

Academic Year 20

Date of Application:

 / /

Social Security Number

 / /

Date of Birth:

 / /

Gender:

Female

Male

Transgender

WSU ID#:

(if available)

Email

First Name

MI

Last Name

Address

City

State/Province

Zip/Postal Code

Home Phone

 - -

Business Phone

 - -

Cell Phone

 - -

Name, Address, and Telephone Number of Person(s) to be notified in case of emergency:

First Name

MI

Last Name

Address

City

State/Province

Zip/Postal Code

Home Phone

 - -

Business Phone

 - -

Cell Phone

 - -

Country of Citizenship:

United States

Canada

Other:

Are you a resident of Michigan?

Yes (more than one year)

Yes (less than one year)

No

Ethnicity:

This information is requested on a voluntary basis to fulfill reporting obligations of the School of Social Work and the university. Please identify your ethnic background by checking the appropriate box:

United States (includes non-citizens with resident visas)

1. Native American

5. Puerto Rican

2. Asian American

6. White

3. African American

7. Biracial

4. Mexican/Chicano American

8. Other:

Foreign

In U.S. on student visa

Foreign

F1 Other:

Have you previously applied to this School of Social work? If Yes, for which academic year, which degree program, and what was the School's decision on your application?

MSW: Yes Academic Year Accepted Other: Accepted
 No Not Accepted Academic Year Not Accepted

PhD: Yes Academic Year Accepted
 No Not Accepted

Please list, in chronological order, all colleges/universities you have attended.

Undergraduate Colleges or Universities

Name <input type="text"/>	Date of Entry <input type="text"/> / <input type="text"/>	Date of Departure <input type="text"/> / <input type="text"/>	Degree or Diploma <input type="text"/>	Received/Expected Date of Degree <input type="text"/> / <input type="text"/>
City and State <input type="text"/>	Month Year	Month Year		Month Year

Name <input type="text"/>	Date of Entry <input type="text"/> / <input type="text"/>	Date of Departure <input type="text"/> / <input type="text"/>	Degree or Diploma <input type="text"/>	Received/Expected Date of Degree <input type="text"/> / <input type="text"/>
City and State <input type="text"/>	Month Year	Month Year		Month Year

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City and State <input type="text"/>	Month Year	Month Year		Month Year

Undergraduate Major:

Undergraduate Minor(s):

Graduate Colleges or Universities

Name <input type="text"/>	Date of Entry <input type="text"/> / <input type="text"/>	Date of Departure <input type="text"/> / <input type="text"/>	Degree or Diploma <input type="text"/>	Received/Expected Date of Degree <input type="text"/> / <input type="text"/>
City and State <input type="text"/>	Month Year	Month Year		Month Year

Graduate Major:

Graduate Minor:

Name <input type="text"/>	Date of Entry <input type="text"/> / <input type="text"/>	Date of Departure <input type="text"/> / <input type="text"/>	Degree or Diploma <input type="text"/>	Received/Expected Date of Degree <input type="text"/> / <input type="text"/>
City and State <input type="text"/>	Month Year	Month Year		Month Year

Graduate Major:

Graduate Minor:

Official Transcripts of Undergraduate and Graduate Study: Have been sent Will be sent

Indicate any other names under which transcripts will be sent:

Professional and Other Work Experience

Please attach to this application an updated resume of your paid work experience and a listing of any volunteer human service experience (not dates of service). In addition, complete the following details for that last four paid positions held by you beginning with the most recent or current employer.

1. Name of Organization			Address		
<input type="text"/>			<input type="text"/>		
Position			Type of Work		
<input type="text"/>			<input type="text"/>		
Supervisor		First Name	Last Name		
<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="radio"/> Full Time <input type="radio"/> Paid
					<input type="radio"/> Part Time <input type="radio"/> Volunteer
Organization Telephone No.			Month	Day	Year
<input type="text"/> - <input type="text"/> - <input type="text"/>			From <input type="text"/>	/ <input type="text"/>	/ <input type="text"/>
			To:	Month <input type="text"/>	Day <input type="text"/>
				/ <input type="text"/>	/ <input type="text"/>

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<input type="text"/>			<input type="text"/>		
Supervisor		First Name	Last Name		
<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="radio"/> Full Time <input type="radio"/> Paid
					<input type="radio"/> Part Time <input type="radio"/> Volunteer
Organization Telephone No.			Month	Day	Year
<input type="text"/> - <input type="text"/> - <input type="text"/>			From <input type="text"/>	/ <input type="text"/>	/ <input type="text"/>
			To:	Month <input type="text"/>	Day <input type="text"/>
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				/ <input type="text"/>	/ <input type="text"/>

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			To:	Month <input type="text"/>	Day <input type="text"/>
				/ <input type="text"/>	/ <input type="text"/>

References

Each applicant is asked to request letters of reference from three (3) individuals. Two of these letters should be academic references about your potential to engage in social work research and evaluation.

Have you ever been convicted of a felony? Yes No

Statement of Certification

I hereby apply for admission to the Certificate in Social Welfare Research & Evaluation in the School of Social Work, Wayne State University, and certify that the information in this application is correct and complete. I understand that information submitted herein will be relied upon by official of Wayne State University School of Social Work to determine my status for admission eligibility. Further, I understand that submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment of appropriate disciplinary action.

Signature:

Date:

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>
