

APPLICATION FOR ADMISSION DOCTOR OF PHILOSOPHY PROGRAM IN SOCIAL WORK



PhD Program Office 302 Thompson Home Wayne State University School of Social Work 4756 Cass Avenue Detroit, Michigan 48202

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edge of the box ABCD1234	Not Like This> 😿 🦪

Application	for Fall Semester: Academic Year 2	2 0		
Date of Applica	ation Social :	Security Number	Date of Birth	
Gender: O F	emale O Male		Email	
First Name		MI Last	Name	
Address				
City			State/Province ZIP/Postal Code	
Home Phone	Busine	ss Phone	Cell Phone	
	-]	
Name. Addr	ess, and Telephone Number of Perso	on(s) to be notifi	ed in case of emergency:	
First Name	,		Name	
Address				
City			State/Province ZIP/Postal Code	
Home Phone	Busine	ss Phone	Cell Phone	
	-			
Country of (Citizenship: O United States (⊃ Canada	O Other	
Are you a re	sident of Michigan? O Yes (more t	han 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-citizen			
	○ 1. Native-American		○ 5. Puerto Rican	
	O 2. Asian American		○ 6. White	
	O 3. African American		○ 7. Biracial	
	○ 4. Mexican/Chicano American ○ 8. Other		O 8. Other	
	Foreign	Type of Visa		
	O In U.S. on student visa	O F1 O Oth	er	



Educational Plan

Consult the "Wayne State University Bulletin" for descriptions of the full- and part-time options for doctoral study. Check the enrollment status desired.

	F PHILOSOPHY IN SOCIAL WORK (PhD) dmission Only	
○ Full-time	e (9 crs. per semester)	
○ Part-time	e (less than 9 crs. per semester)	_
	applied to this School of Social Work? If Yes, for which academic year, which degree program, and s decision on your application?	
MSW: O Yes	Academic Year O Accepted O Not accepted	
PhD: O Yes	Academic Year O Accepted O Not accepted	
	ological order, all colleges/universities you have attended.	_
Vindergradua Name City and State	Received/Expected Date of Entry Date of Departure Degree or Diploma Date of Degree Month Year Month Year Month Year	
Name City and State	Date of Entry Date of Departure Degree or Diploma Date of Degree Month Year Month Year Received/Expected Date of Degree Month Year Month Year]
Name City and State	Date of Entry Date of Departure Degree or Diploma Date of Degree Month Year Month Near Received/Expected Date of Degree Month Year Month Year] _/
Undergraduate M	Tajor Undergraduate Minor(s)	
Oraduate Solution City and State Graduate Major	Date of Entry Date of Entry Degree or Diploma Received/Expected Date of Degree Date of Departure Degree or Diploma Nonth Year Graduate Minor Graduate Minor	
·	f Undergraduate and Graduate Study: Have been sent Will be sent mes 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 (note dates of service). In addition, complete the following details for the last four paid positions held by you beginning with the most recent or current employer.

1.Name of Organization	Address
Position	Type of Work
First Name	Last Name
Supervisor Supervisor	Last Name
Organization Telephone No.	onth Day Year Month Day Year O Full-time O Paid
From:	/ / / / / / / / / / / / / / / O Part-time O Volunteer
2. Name of Organization	Address
Position	Type of Work
First Name	Last Name
Supervisor	
Organization Telephone No. Mo	onth Day Year Month Day Year O Full-time O Paid
From:	/ / / / / / / / / / O Part-time O Volunteer
3. Name of Organization	Address
3. Name of Organization	Address
3. Name of Organization Position	Address Type of Work
Position	Type of Work
Position First Name	
Position First Name Supervisor	Type of Work Last Name
Position First Name Supervisor Organization Telephone No.	Type of Work
Position First Name Supervisor	Type of Work Last Name
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Position First Name Supervisor Organization Telephone No. From: 4. Name of Organization	Type of Work Last Name Donth Day Year Month Day Year O Full-time O Paid Part-time O Volunteer Address
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Position First Name Supervisor Organization Telephone No. From: 4. Name of Organization Position First Name	Type of Work Last Name Donth Day Year Month Day Year O Full-time O Paid Part-time O Volunteer Address
Position First Name Supervisor Organization Telephone No. From: 4. Name of Organization Position First Name Supervisor First Name Supervisor	Type of Work Last Name Onth Day Year Month Day Year O Full-time O Paid O Part-time O Volunteer Address Last Name Last Name Last Name
Position First Name Supervisor Organization Telephone No. From: 4. Name of Organization Position First Name Supervisor Supervisor	Type of Work Last Name Day Year Month Day Year O Full-time O Paid Part-time O Volunteer Address Type of Work



Illustrative Writing Samples			
List publications. Give complete references, including publisher and date. If you have unpublished material, identify it below.			
References			
Each applicant is asked to request letters of reference from three (3) individuals. (Copies of the request letter are included in the application packet). Two of these letters should be from individuals holding doctoral (PhD) degrees; the third letter should come from someone who has supervised your work (preferably since attaining your MSW degree).			
Finances			
How do you plan to finance your education?			
O Assistantship O Grant O Fellowship O Loan O Self O Other			
Will you need financial assistance to attend our program? ○ Yes ○ No			
Have you ever been convicted of a felony? O Yes O No			
Statement of Certification			
I hereby apply for admission to the PhD Program 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 officials 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 or appropriate disciplinary action.			
Signature Date: Month Day Year Date: Date			

Informational Meetings

The School of Social Work PhD Program has informational meetings monthly during the Fall term. All prospective applicants are encouraged to attend one of these sessions prior to making application. Please call (313) 577-4419 or (313) 577-8806 or check the website: www.socialwork.wayne.edu for information regarding the next scheduled meeting.

NOTICE: IT IS THE POLICY AND PRACTICE OF WAYNE STATE UNIVERSITY THAT ALL PROGRAMS ARE AVAILABLE TO ALL STUDENTS WITHOUT REGARD TO RACE, SEX, CREED, NATIONAL ORIGIN OR HANDICAP STATUS.