Name



Student Steps of Responsibility for admission to the Wichita State University BSW Program and Practicum Program	Description of Steps
Attend a BSW Program Orientation as early into your major as you can.	These are held twice a year, as part of the Social Work Friday event at the WSU School of Social Work. Students are required to attend one orientation before they can be admitted into the social work program.
Meet with the BSW Program Director as early into your major as you can.	Call 316-978-



BACHELOR OF SOCIAL WORK PROGRAM Application for Admission

The follow	The following documents are necessary to complete the program application:				
Application (incomplete applications will not be considered)					
_ ı	Personal Narrative				
	Two References (forms available at www.wichita.edu/BSWapplication)				
Copy of transcript or Degree Works – unofficial (WSU students can get a copy from MyWSU Self Service. Go to Student Records, then Academic Transcript.)					copy from MyWSU
	WSU Model (photo) Release Form				
If you are also applying for the Undergraduate Certificate in Social Work and Addictions, please complete page 7, and answer additional personal narrative questions applicable to the certificate.					
	a are also applying for the lete page 8, and answer add	•			
(Please print or type) Date					
		Program Inf	formation		
Are you a full-time Full time (12 hours or more) Anticor part-time		Anticipated gra	aduation date?	Fall 20	
student?		ss than 12 hours)			Spring 20
					Summer 20
		Personal Inj	formation		
Name		71	2011	MyWSU ID#	
	Last	First	Middle		
Address	Other Last Name(s)			Preferred Name	
Telephone	Street and number		City	State	Zip Code
Email(s)	Home	Work		Mob @sh	ockers.wichita.edu
Other					

Personal	Nar	rative
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Attach a personal narrative (

Demographic Information (optional)		
Demographic information is optional and is for statistical purposes only. It will in no way affect the consideration of your application.		
Date of birth: Gender: Male Female Veteran: Yes No		
Race / Ethnicity: Are you Hispanic or Latino? Yes No		
Please select one or more of the following racial groups: Asian American Indian or Alaskan Native Black or African American White Native Hawaiian or other Pacific Islander		
Background Information		
Have you ever been convicted of a felony or misdemeanor as an adult? Yes No		
Has any governmental agency ever substantiated allegations made against you for physical, mental or emotional abuse or neglect, sexual abuse, or exploitation of (1) a child, (2) a resident of an adult care home, medical care facility, psychiatric hospital or state institution for the mentally retarded, or (3) an adult? Yes No		
If you answered yes to either of the above, please attach an explanation.		
Answering "yes" does not automatically disqualify you for admission to the BSW program the UCSWA Program or the UCSWC Program. However, depending on circumstances, it may affect your ability to be placed in a field practicum, which is necessary to complete the BSW program or certificate requirements. Please contact the BSW Program Director, UCSWA Program Coordinator, or UCSWC Program Coordinator if you have any questions.		
I understand that prior convictions, diversions or pending charges may affect my ability to be placed in a field practicum, which is necessary to complete the BSW program, UCSWA, or UCSWC. This means that while you may be admitted to the program, you may not be able to complete the degree or certificate if there is something in your background that would prevent you from being placed in a field practicum. Many agencies require background checks. Some criminal charges may affect your ability to be licensed in the State of Kansas.		

Ethical Agreement

I have read and understand the NASW Code of Ethics

Practicum Insurance

I understand that I may be placed with an agency that requires one or more of the following types of insurance coverage: (a) professional liability, (b) automobile liability, and/or (c) health/medical. By signing this application, I hereby acknowledge that, if placed with an agency that requires such coverage, I am obligated to obtain, at my sole cost and expense, such insurance and maintain the requisite coverage during the duration of my practicum. I further understand and acknowledge that Wichita State is under no obligation to provide such insurance coverage on my behalf and indeed does not and will not provide such insurance coverage on my behalf. I may request a practicum placement with an agency that does not require some or all of the above insurance requirements. While Wichita State University will make a reasonable attempt to accommodate this request, I understand and acknowledge that such accommodation is not guaranteed.

I hereby request to be placed in a practicum that does <u>not</u> require the following (*check all that are applicable*):
 Professional liability insurance in the amount of \$1,000,000 in each instance/\$3,000,000 in the aggregate.
 Automobile (including liability) insurance
 Health/medical insurance (including hospitalization coverage)

NOTE:

The NASW Social Work Student Professional Liability Insurance can be obtained by members of NASW. To apply for membershiQq0 04(li)-3 ne

Practicum Statement

I understand that I will be required to attend practicum orientation as part of the placement process for the practicum program. I also will be required to complete a practicum inventory, along with a resume. These must be completed during the fall semester of my junior year by **December 1**st. After this point, I will be required to schedule a practicum interview to help determine my practicum placement.

Disabilities / Modifications

Wichita State University is committed to providing equal access to employment, educational programs, and activities for students with disabilities. The University recognizes that students with disabilities may need accommodations to have equally effective opportunities to participate in or benefit from University educational program, services and activities and will make reasonable modifications to the environment, policy and practice and/or provide auxiliary aids and services when the Office of Disability Services determines such modifications are needed for equal access.

Reasonable accommodation will be considered and may be made to qualified students who disclose a disability, so long as such accommodation does not significantly alter the essential requirements of the curriculum and the training program, or significantly affect the safety of others.

I also understand, and acknowledge that it is my responsibility to notify Wichita State University if I am in need of an accommodation. I further understand and acknowledge that it is my responsibility to notify Wichita State University if there is any reason I cannot meet the expectations of the Social Work Program, with or without reasonable accommodations.

BSW Certificate Program in Social Work and Addiction

Yes, I want to apply for the BSW Certificate Program in Social Work and Addiction
☐ I understand that I must complete the online Application for Degree indicating that I am applying for this certificate. (Available on the myWSU Portal, myClasses tab, under Graduation Links.)
No, I'm not interested in applying for the certificate program
Rank: Freshman Sophomore Junior Senior
Current WSU Student? Yes No, current college/university:
☐ I've already graduated with a degree in social work, in (year)
If you are not a current student, please attach transcripts from all universities attended.

BSW Certificate Program in Social Work and Child Welfare

Yes, I want to apply for the BSW Certificate Program in Social Work and Child Welfare	
☐ I understand that I must complete the online Application for Degree indicating that I am applying	ig for

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of the undersigned person. This grant includes, without limitation, the right to publish such images and/or audio, with or without my name or with a fictitious name, in the University newspaper, alumni magazine, and/or public relations / promotional materials, and any other marketing and admissions publications, advertisements, fund-raising materials, and any other University-related publication. The images and/or audio may appear in any of the wide variety of formats and media now available to the University and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM, and electronic / online media.

Signature		Date	
Printed name			
Witnessed by		Date	
I am the parent or legal guardian of			
I hereby approve the foregoing consent to Wichita State University's use subject to terms mentioned above. I affirm that I have legal right to issue consent.			
Signature		Date	
Printed name			
Witnessed by		Date	
OCATION:	DESCRIPTION:		