

**PERSONAL INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Other name under which information can be found: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

**PROGRAM OF STUDY**

Select one of the following programs for which you wish to apply. Please visit our website for more details on programs, entry dates, program length, and start times.

\_\_\_\_\_ Full-time Baton Rouge campus (begins fall only)

\_\_\_\_\_ Part-time Baton Rouge campus (begins fall only)

\_\_\_\_\_ Advanced Standing Baton Rouge campus (begins summer only)

\_\_\_\_\_ MSW Online Full or part time (6 start dates per year) Entry Module: \_\_\_\_\_  
Advanced Standing (1-2 start dates per year) Entry Module: \_\_\_\_\_

Application to the School of Social Work:

If this is not your first application, when was the date of application: \_\_\_\_\_

Transferring from another CSWE accredited MSW program?

If yes, please list the university \_\_\_\_\_

Transcripts from this university must be evaluated for appropriate transfer credit prior to application to insure equivalency

**RECOMMENDATIONS**

A total of three (3) recommendation forms with the required letter of support from each of your recommenders are required for your admission file to be complete. Two (2) recommendations must be Academic (college instructors, internship supervisors) and the remaining one (1) recommendation must be a Professional (Work/Volunteer) Reference. Family friends, clergy, therapist and high school teachers are not appropriate. Applicants who have been out of school for 2 or more years and cannot ascertain academic references may substitute other professional recommendations for academic. For any applicant, if two are not academic recommendations and one is not professional, please include a statement and email this to [sw@lsu.edu](mailto:sw@lsu.edu) with your application explaining the reason for the substitution. It is strongly recommended that if an internship was part of the degree program and the internship has been completed at the time of application, a recommendation from the internship supervisor be included as the professional recommendation. Complete your name, recommendation type and the access information below. Send this form to your recommender and follow up to make sure it is completed and sent to the School of Social Work by the deadline date.

- 1 Academic** \_\_\_\_\_
- 2 Academic** \_\_\_\_\_
- 3 Professional (work/volunteer)** \_\_\_\_\_

**PREREQUISITE**

Completion of any introductory statistics course with a C or better is required PRIOR to entry. No waivers. Please note, research based courses will not suffice for statistics.

Yes, completed _____	_____	_____	_____
	(Semester/Year)	(Course Title and Number)	(University)
No, currently enrolled _____	_____	_____	_____
	(Semester/Year)	(Course Title and Number)	(University)
No. Enrolling _____	_____	_____	_____
	(Semester/Year)	(Course Title and Number)	(University)

## **EDUCATION**

### **Undergraduate Institutions Attended** (list most recent first)

<i>Name of Institution</i>	<i>Major</i>	<i>Date/Expected Date of Degree</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

### **Graduate Institutions Attended** (list most recent first)

<i>Name of Institution</i>	<i>Major</i>	<i>Date/Expected Date of Degree</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

## **EMPLOYMENT, VOLUNTEER AND INTERNSHIP EXPERIENCES**

Your resume should reflect your work experience, volunteer experience and any internship experience (if applicable). Please include your position, duties, start/end dates, and hours/wk. Resumes can be uploaded to the Graduate School online application or emailed in pdf format to sw@lsu.edu.

## **LICENSURE & CREDENTIALS**

Are you currently or have you ever been credentialed by a social work regulatory board in your state? If yes, please attach a copy of your license to this application.

Have you ever had a disciplinary action imposed by ANY state regulatory board in your state? If yes, please provide a copy of the consent order or disciplinary action taken.

## **CERTIFICATION**

I certify that to the best of my knowledge, the information provided is correct and complete. I understand that if it is later found to be otherwise, my application will be invalid or in the event that I am enrolled, I will be subject to dismissal from the University. Furthermore, I understand that I must apply to the LSU Graduate School by the deadline date corresponding to the MSW program for which I want to enroll. Typing is legally equivalent to your signature and constitutes your certification that the information provided is accurate to the best of your knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date