

SCHOOL OF SOCIAL WORK

BACHELOR OF SOCIAL WORK PROGRAM

Application for Admission

The following	g documents are necessar	y to complete the program	application:			
Personal I Two Refer Copy of Tr Criminal B	rences (Professional Refer ranscript – unofficial (FSU	ences only, no relatives or f students can get a copy fro ted through <u>https://www.c</u>	m Student Records o		<u>n page 4)</u>	
(Please	print or type)		Date:			
		Program Info	ormation			
Are you a full-time or part-time student? Image: Full time (12 hours or more) Image: Part time (less than 12 hours) Which term are you applying for? Image: Fall 20 Image: Spring 20 Image: Sum I 20 Image: Sum II 20						
		Personal Info	ormation			
Name:	Last	Personal Info	Middle	Banne	er ID #	
Name: Address:	Last Street and number			Banne State	er ID # Zip Code	
	Street and number		Middle			
Address:	Street and number Home	First	Middle	State		
Address: Telephone:	Street and number Home	First	City	State		

- Why do you want to be a social worker?
- What skills do you think are important to become a social worker?
- What qualities do you regard as your strengths and what are your personal limitations?
- Address your academic background describe in your own words any academic or transcript challenges that may
 affect you in the social work program.
- What experience(s) have you had dealing with people that have backgrounds that are different from yours?
- Identify a social work or social justice issue and explain why it is important to you.

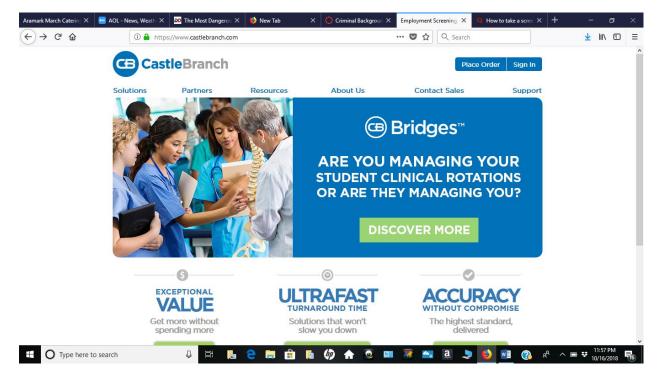
Demographic Information Optional						
Demographic information is optional and is for statistical purposes only. It will in no way affect the consideration application.	-					
Date of birth: Gender: 🗌 Male 🗖 Female 🗖 Transgender 🗖 Other: Specify						
Race / Ethnicity: Hispanic or Latino Asian Black or African American White American Indian or Alaskan Native Native Hawaiian or other Pacific Islander Other (please specify)						
Employment and Volunteer Experience						
In the table below list employment and volunteer experiences you have had during the last five years.						
Name of Employer/ Agency: Position						
Paid Employment 🛛 Volunteer Experience						
Date Started (MM/YYYY) Date Ended (MM/YYYY) Hours Per Week						
Population Served:						
Duties and Responsibilities:						
Name of Employer/ Agency: Position						
Paid Employment 🛛 Volunteer Experience						
Date Started (MM/YYYY) Date Ended (MM/YYYY) Hours Per Week						
Population Served:						
Duties and Responsibilities:						
*The BSW Program does not give course credit for prior work or volunteer experience.						

Admission Requirements					
 Completion of at least 64 credit hours Completion of the following core curriculum courses with a grade of C or better (See Plan of Study) 	GPA:				
Background Informe	ntion				
 1. Have you ever been convicted of a felony or misdemeanor as an adult? Yes No 2. Do you have any criminal charges pending against you? Yes No 3. 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 individuals with a disability, 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. However, depending on circumstances, it may affect your ability to be placed in a field practicum which is necessary to complete the BSW program. Please contact the BSW Program Director 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, you may not be able to complete the degree if there is something in your background that would prevent you from being placed in a field 					
practicum. Many agencies require background checks)					
BSW Applicant Agree	ments				
I hereby certify that the statements contained in this completed application and any other information included as a part of my application and attachments are true and correct. I agree and understand that any my misrepresentations or omissions on my part may delay the faculty's decision regarding my acceptance in the BSW program					
discharge that occurs at any time after you submit this application. Your failure to do so will be grounds to deny or withdraw your admission, or to dismiss you after enrollment					
Initial I hereby certify that I shall maintain professional conduct in accordance Work's academic and professional standards, and the NASW Code of Et following website: <u>http://www.socialworkers.org/pubs/code/code.asp</u>	<pre>chics. (NOTE: You will find NASW's Code of Ethics at the .)</pre>				
Signature	Initial Date				
School of Social Work, BSW ProgramDr.1200 Murchison Road(92)	wo references and a copy of transcript to: School of Social Work at (910)672-1334 Erica Campbell, BSW Program Director .0) 672-2675 <u>ecampb11@uncfsu.edu</u> tp://www.uncfsu.edu/sw/				

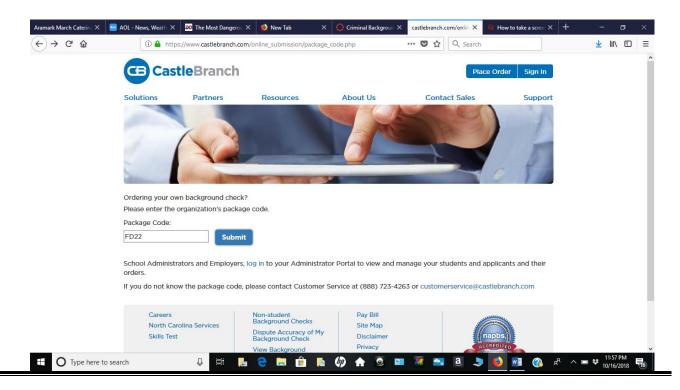
Instructions to complete the Criminal Background Check

1. Log into Castlebranch.com by clicking on the link below. You can also paste the link to your browser or type in www.castlebranch.com

https://www.castlebranch.com/



- 2. Click on Place order on the right (in blue)
- 3. Type in the Package code: FD22



- 4. Then click submit
- 5. Review the information listed below:

Please review

Fayetteville State University - School of Social Work includes the following package contents: Package: FD22 Statewide Criminal NC Nationwide Sexual Offender Index

Nationwide Record Indicator with SOI

Residency History

 \Box

Package Cost: \$27.00

Additional Information

The package price above includes a statewide search within the State of North Carolina. If additional addresses are found associated with your name outside the State of North Carolina, they will be performed at no additional charge. Click the button below to continue your order and create your myCB account. You will access your account to manage your order and view your results. If you already have a myCB account, you will have the option to log in.

I have read, understand and agree to the <u>Terms and Conditions of Use</u>.

- 6. Click on the box indicating that I have read, understand and agree to the Terms and Conditions
- 7. Then click on Continue
- 8. Place order by completing the required form below

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9. Click next below and continue with all steps until you are complete