**UNIVERSITY OF LOUISIANA AT MONROE**

**College of Business & Social Sciences**

**School of Behavioral Sciences**

**Social Work Department – Strauss Hall, Room 208**

**700 University Ave. Monroe, LA 71209**

**Phone: (318) 342-1551 Fax: (318)342-1398**

**Website:** [**https://www.ulm.edu/socialwork/**](https://www.ulm.edu/socialwork/)

**SPRING 2025 APPLICATIONS FOR:**

 **ADMISSION TO THE SOCIAL WORK MAJOR**

Please read, type, and complete this application thoroughly, including signing the final page of this document. Your signature is required. Applications that are incomplete or handwritten will not be accepted. You must print and attach your autobiography and this completed/typed application. All application packets must be sealed and **due by 4:00 p.m. on Monday, March 17, 2025**. Please submit your application package to the address listed below.

**ULM Social Work Department**

**ATTENTION: Christian Specks, LCSW-BACS**

**ULM’s Social Work Professional Level Admissions Coordinator**

**Strauss Hall - Room 208 (Main SOCW Office) or**

**Strauss Hall - Room 226 (Professor Specks Direct Office)**

**PART 1: STUDENT IDENTIFYING INFORMATION:**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CWID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus or Current Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ext.\_\_\_\_\_\_Best time to call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Entered ULM:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transferred From (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PREREQUISITES:**  The following courses must be completed with a “C” or better grade to be considered for admission into the major. Indicate if you are currently enrolled in SOCW 2005. Students not accepted into the Social Work major may not enroll in SOCW 3001, SOCW 3015, SOCW 4016, SOCW 4021, or SOCW 4022.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course** | **ENGL****1001** | **ENGL****1002** | **MATH****1007 or 1009 or 1011** | **SOCW****1001** | **SOCW****1002** | **SOCW****2005** | **SOCL 1001****or PSYC 0201** |
| **Grade** |    |    |    |    |    |    |    |

If you have taken SOCL 1001 and PSYC 2001, choose the one with better grades for calculating the prerequisite GPA. Overall GPA must be 2.3; see your advisor for help if unsure.

**PREREQUISITES GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_OVERALL GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (*For the above courses)* *(Courses required for the degree)*

**BRIEF LEGAL HISTORY INFORMATION:** Criminal history checks and/or state/federal criminal history, driver’s record clearance, and, in some instances, a random pre-placement drug screen are required for some field placements. Please provide the following information and documentation:

Have you ever been convicted of a crime (felony or misdemeanor)? **Yes** **[ ]**  **No** **[ ]**

If yes, please explain: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Do you have a current valid driver’s license? **Yes** **[ ]**  Specify state: \_\_\_\_\_\_\_\_\_\_**No** **[ ]**

**COMMUNITY/SERVICE LEARNING EXPERIENCE:** Have you ever completed community/service learning work of any kind in adult life, whether out of personal interest, a social commitment, or as a course requirement? **No** **[ ]**  **Yes****[ ]** If yes, check which any of the following descriptions of your experiences apply and provide all information requested)

**[ ]**  As a personal interest - Give dates**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

What was the interest? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

What organization sponsored or provided oversight/organization of your volunteerism? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

What did you do?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Are you still involved? No **[ ]**  Yes **[ ]** If yes, to what extent? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name and address of contact person for verification and/or reference (Be sure you inform this person you have listed them as a possible contact!):

Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Telephone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** ext **\_\_\_\_\_\_\_\_**

**[ ]**  As a requirement of a social organization or club to which I belong:

Give dates: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

What was the organization or club?\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

What did you do?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Are you still involved? No **[ ]** Yes **[ ]** If yes, to what extent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and address of contact person for verification and/or reference (Be sure you inform this person you have listed them as a possible contact!):

Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Telephone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** ext **\_\_\_\_\_\_\_\_**

**[ ]** As a requirement of a course:

Give dates: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Specify Course: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Instructor(s) Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Where did you do your course-required volunteer work? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

What did you do**?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Copies of your timesheets and any evaluations completed for this Course will be pulled from your student file and attached to this application during this review.

**EXTRACURRICULAR ACTIVITIES/MEMBERSHIPS:** List any extracurricular activity you engage in presently. Activities could include things such as athletics or student government association, social organizations, such as clubs, sororities, fraternities, or student organizations (ex: SSWA or Basketball—examples in which you would want to comment if you are an officeholder for SSWA or on a scholarship if in Basketball).  If more space is needed, attach an additional page.

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| --- | --- | --- | --- |
| **Activity** | **Date Started** | **Date Ended** | **Notations/Comments?** |
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**CURRENT SEMESTER COURSELOAD:** List **all** currently enrolled courses, instructors, & contacts as indicated:

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| --- | --- | --- |
| **COURSE NAME/NUMBER****(ex. SOCW 3003: Social Welfare Policy)** | **COURSE DATE/TIME****(ex. TT 8:00 a.m.)** | **Professor** |
| **Name** | **Office #** | **Phone #** |
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**PART 2: STUDENT SELF-ASSESSMENT:**

Complete the following Social Work Student Self-Assessment Scale. **Rate yourself on the following admission criteria and briefly describe how you feel you meet all criteria**. Give a specific example for each, if you can. For example, if you feel you are outstanding or above average on one of the items, then tell why you think so. If you feel you “need work or improvement” on specific criteria, explain why you think so. Be as honest as this information can be a valuable self-awareness component you may want to demonstrate to your committee members.

 One (1) = Outstanding

 Two (2)= Above Average

 Three (3) = About Average

 Four (4) = Need Work or Improvement

**SOCIAL WORK STUDENT SELF-ASSESSMENT**

|  |  |
| --- | --- |
| **Criteria** | **Your Rating** |
| I show potential for commitment to the National Association of Social Workers (NASW) Code of Ethics. |  |
|  |
| I possess basic communication and interpersonal skills, providing a sufficient foundation for building professional interactional skills.  |  |
|  |
| I demonstrate college-level writing skills. |  |
|  |
| I have potential for professional development, such as responsiveness to feedback and willingness to address areas that might interfere with my effectiveness as a future professional helper. |  |
|  |
| I am motivated to pursue a career in the field of social work. |  |
|  |
| In general, I am sensitive to and respect human diversity, with a basic capacity for non-judgmental behavior toward individuals whose values, beliefs, and lifestyles may differ from mine.  |  |
|  |
| I am reliable in carrying out responsibilities as demonstrated in my class performances and volunteer experiences (i.e., I am punctual, dependable, observe assignment deadlines, attend class as required, etc.) |  |
|  |
| I can show a basic level of self-awareness in assessing my strengths and weaknesses, as these might impact my ability to carry out professional social work responsibilities. |  |
|   |

**PART 3: AUTOBIOGRAPHICAL STATEMENT:**

Your autobiographical statement **must** be completed according to the instructions in the application for admission packet. It must be attached to this application.

If your autobiographical statement or any part of your application form meets the submission instructions, you will be required to meet with the Social Work Program Coordinator to make corrections within a short, specified deadline. If you do not meet the initial requirements for submission or do not make the required adjustments by a “redo” deadline, **you will be notified by mail that you have not qualified for your pre-social work interview and will have to reapply the following semester.** No exceptions will be made unless they are required due to extraordinary circumstances, which must be documented by a verifiable administrative authority of ULM or your ULM Social Work Advisor, written on appropriate ULM Letterhead, addressed to **Christian Specks, LCSW-BACS, ULM Social Work Program**. Failure to meet these application requirements and deadlines will delay the completion of the social work degree at ULM.

* I have read the above and accept the terms of the application procedures for admission to the Social Work major and understand I may proceed with the usual CSWE and ULM Student Policy grievances if I cannot abide by the terms for extraordinary reasons.
* I have read the above and accept the terms of the application procedures for admission to the Social Work major and my right to proper grievance, but I have the following special circumstances that I would like the ULM Social Work Program to be aware of now.

**PART 4: REFERENCES**

You must provide at least two-character references. These may be from persons in the volunteer experiences you listed. Only one may be from your professors; professors may be in social work or other courses you have taken at ULM. After you get permission from your two reference persons, please give them the enclosed form with the self-addressed envelope to return to ULM; **references must be returned no later than Monday, March 17, 2024, by 4:00 p.m. (by mail or hand-delivery).** As a courtesy, you must provide the postage; be sure to stamp the enclosed self-addressed envelope before you provide it to your references. ***You may not hand deliver these; you may view them at your interview, but not before they are sent to the ULM Social Work Department unsealed.***

 **REFERENCE 1:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Relationship** | **Address** | **Phone** | **e-mail** |
|  |  |  |  |  |
|  |

 **REFERENCE 2:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Relationship** | **Address** | **Phone** | **e-mail** |
|  |  |  |  |  |
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**PART 5: CERTIFICATIONS/SIGNATURES:**

You are not bound to disclose any special circumstances, and failure to do so on this application **may not preclude your interview and admission if you meet all other requirements; ULM or the Social Work Program may not discriminate against you for any reason. You may, however, be denied access to some field placements and/or credentialing, dependent on the nature of special circumstances that may relate to placement and clearances (i.e., active substance abuse history, nature of criminal history, previous history of child abuse/neglect or domestic violence, etc.)**

**CERTIFICATION:** I certify by my signature that all the information I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

have in this application, and my autobiographical statement is true and accurate to the best of my knowledge. I understand that this provided information must be shared with members of the ULM Social Work Professional Level Admissions Committee. I know this application must be protected by confidentiality principles held by ULM, the ULM Social Work Program, and understand that all ULM Social Work Faculty are also bound by the confidentiality laws of the 1999 Louisiana Social Work Practice Act 1309, Title 37. Professions and Occupations, Chapter 35, Social Workers.

My signature grants permission to the ULM Social Work Program and its Admissions Committee to (1) share this application and my autobiography **only** to members of my admission interview committee and ULM faculty **solely** for purposes of determining my suitability for the completion of the social work degree at ULM and as a future social work practitioner and (2) for purposes of ULM Social Work Department program evaluation as required by CSWE and as may also be used, under ULM Human Subjects Review for purposes of research that may also be sanctioned by LABSWE rules and regulations which apply to and guide social work research.

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 **Print Name Signature** **Date**

 **REVIEWED BY:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Faculty Name Faculty Signature** **Date**

**Application Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_**