

Do you wish to transfer any graduate work you have completed at a CSWE accredited institution into this program? Yes No If Yes, your graduate transcripts will be evaluated to determine transferability into this program. Please list graduate work that you wish to have considered for transcript credit.

Name of Institution	Course Title	Course Credit & Number	Credit Earned	Term/Year

PROFESSIONAL EXPERIENCE

Please list all of your employment experiences since you received your baccalaureate degree. If you received your baccalaureate degree more than ten years ago, list just the past ten years of employment history.

Job Title	Full Time	Part Time	Employer	City/State	From	To

RECOGNITION, HONORS, OR AWARDS

List any special recognition, honors, or awards you have received - academic, community, employment, military, or other:

VOLUNTEER EXPERIENCE

Please list any volunteer experience you have.

MISSION OF THE GRADUATE SOCIAL WORK PROGRAM

The mission of the Southern Illinois University Edwardsville Department of Social Work's MSW Program is to promote social and economic justice and enhance social well-being through the provision of quality graduate education, excellence in scholarship, and partnership in community service.

ALL APPLICANTS MUST COMPLETE AND RETURN THIS SECTION:

Southern Illinois University Edwardsville is dedicated to the traditional academic pursuits of instruction, scholarship, and public service. The University provides graduate educational programs consistent with regional needs and institutional strengths. Consistent with its particular commitment to southwestern Illinois and its pursuits of academic excellence, the University strives to enhance regional access to the educational opportunities it offers.

The Graduate School believes research and scholarly and creative achievements are essential to excellence in education and public service and contribute to the vigor of the university. Balancing pure and applied, theoretical, and practical pursuits, the Graduate School is committed to encouraging and facilitating research and scholarly and creative activities and to disseminating their results.

Consistent with the NASW Code of Ethics, the MSW Program at Southern Illinois University Edwardsville seeks students who are committed to developing their potential to deliver high quality, respectful, and culturally competent human services. As a graduate professional program, we seek students who have both academic ability and the capacity to be honest, fair, and accountable in communications with peers, faculty, and staff throughout their degree process.

Southern Illinois University Edwardsville admits academically qualified students without regard to race, ethnicity, color, sex, creed or religion, national origin, age, sexual orientation, disability, veterans' status, political affiliation.

I hereby make application for admission to the University.

I have requested all official transcripts and letters of recommendation to be sent to the University. The information supplied in this application is complete and correct to the best of my knowledge. If admitted, I agree to abide by the standards and expectations of the University while on campus or involved in University-related activities.

Signature _____ Date _____

SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE
DEPARTMENT OF SOCIAL WORK

Transcript Request

INSTRUCTIONS

Complete this form and mail it to the Colleges or Universities you have attended along with the appropriate fee. Please make additional copies of this form if you have attended more than one institution. Southern Illinois University Edwardsville requires that an official transcript be sent to the Department of Social Work from every undergraduate and graduate institution you have attended.

Please Print or Type

TO BE COMPLETED BY THE APPLICANT

Date: _____

TO: Registrar _____
(Name of College or University)

I authorize and request that an official transcript be sent to: **SIUE**
Office of Graduate Admissions
Box 1600
Edwardsville, IL 62026

Name: _____
Last First Middle Maiden

Address: _____

Social Security Number: _____ Birth date: ____/____/____

Dates of Enrollment: From _____ To _____ Degree Conferred: _____

A check for \$_____ is enclosed

Signature: _____

SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE

**Master of Social Work Program
Letter of Recommendation Form**

To the Applicant:

Please make a copy of this 3-page form for each of your three recommenders after completing the top portion. All letters of recommendation must be submitted using this form. Please provide each recommender with a stamped envelope so the recommendation can be returned directly to us. Letters of recommendation may not be submitted online.

Applicant:

Name: _____

Address: _____

Phone: _____ Email: _____

Note: Provisions of the **Family Education Rights and Privacy Act of 1974** give you the right to retain or waive access to this letter of recommendation. The Department of Social Work's consideration of your application is not influenced by your decision.

Indicate your choice: _____ I retain my right of access to read letters of recommendation

_____ I waive my right of access to read letters of recommendation

Applicant's signature _____ Date _____

Letters of Recommendation will not be accepted without your signature.

To the Recommender:

The person named above is applying for admission to the M.S.W. Program in the Department of Social Work at Southern Illinois University Edwardsville. As part of the admissions process, the applicant is requesting a letter of recommendation from you. Please share in a separate letter to us your candid appraisal of the applicant's strengths and limitations, specifically addressing the questions listed on this form. Also, please complete the scale on page two, comparing the applicant with others you have known during your professional career. Please note that an applicant who has not waived his/her right of access (as indicated above) has the right to see

your recommendation letter. We thank you for the time and effort you take to complete this form.

Please address in your letter:

- How long you have known the applicant and under what circumstances.
- What you consider the applicant’s main strengths and abilities?
- Which of the applicant’s characteristics, abilities, or knowledge base are in need of development?
- To what extent does the applicant demonstrate creativity and critical thinking skills? Please describe specific situations that demonstrate this.
- To what extent has the applicant demonstrated an ability to collaborate with and/or lead others? Please give an example, if possible.
- To what extent has the applicant demonstrated an ability to be sensitive to diverse populations, i.e., diversity on the basis of racial identity, ethnicity, physical, intellectual and emotional differences, religion and spirituality, gender, sexual orientation?
- To what extent does the applicant demonstrate the ability or the potential to be an effective advocate for clients and/or oppressed populations?
- In your opinion, is this applicant prepared to engage in supervised professional practice in a social work field setting? Why or why not?
- Are there other factors that should be considered when reviewing this applicant’s request for admission?

Using the grid below, please compare the applicant with others you have known during your professional career.

	Top 5%	Top Third	Middle Third	Lowest Third	Inadequate opportunity to observe
Intellectual Ability					
Analytical Ability					
Maturity					
Self-confidence					
Interpersonal Skills					
Leadership Skills					
Written Communication Skills					
Verbal Communication Skills					
Teamwork					
Assertiveness					
Responsibility					

Please indicate your summary evaluation by circling the appropriate rating:

4	3	2	1
Highly Recommend	Recommend	Recommend With Reservations	Do Not Recommend

Please attach this form to your letter, sign below, and mail your recommendation to us at the address shown on the form. Please note that the application deadline is February 15th. Letters received after this date will not be reviewed. Recommendations hand delivered by the applicant will not be accepted. This information will be kept confidential and will only be used to evaluate this applicant's admission to our MSW Program.

Recommender:

Name (print): _____

Position: _____ Organization: _____

Address: _____

Telephone: _____ Email: _____

Signature _____ Date: _____

May we call you for additional information/perspective on this applicant? Yes___ No___

Please return this form and letter of recommendation to:

Southern Illinois University Edwardsville
 Department of Social Work, MSW Admissions
 Box 1450
 Edwardsville, IL 62026-1450

Phone: 618-650-5758