



Department Chair | Dr. Johnetta Guishard
MSW Program Director | Dr. Katy Baugus
BSW Program Director | Professor Lenise Mazyzck

jhguishard@vuu.edu
kbaugus@vuu.edu
lmazyzck@vuu.edu

BSW & MSW Program Application

Application Type

BSW MSW 2-year MSW Advanced Standing

Enrollment Type

Full-time Part-time

I. IDENTIFYING INFORMATION

Full Name (first, middle, last)

Preferred Name

Birthdate (MM/DD/YYYY)

VUU Student ID #

VUU E-mail

Local street address

City

State

Zip code

Permanent street address

City

State

Zip code

DEPARTMENTAL USE ONLY

Date application received: _____

Date of interview: _____

Date essay received: _____

Disposition: _____

Denied / Approved by: _____

I. IDENTIFYING INFORMATION *(continued)*

Cell phone number

Non-VUU E-mail

Emergency Contact

Last name

First name

Phone number

Relationship to you

II. ACADEMIC INFORMATION

Name of advisor

- Dr. Guishard Professor Mazyck
 Dr. Baugus Professor Smith

Current GPA

Expected graduation date

May 20____ December 20____

Current or Anticipated Minor

List courses, if any, that you have failed (D or F) since entering Virginia Union University.

Course	Semester	Grade

III. REFERENCES

Please provide us with contact information for the two references. One professional and one academic.

Name	Telephone number	E-mail address

IV. EMPLOYMENT & VOLUNTEER EXPERIENCE

List all employment (high school and college, if applicable). You may attach an updated resume

Organization Name	Volunteer Activity	City, State	Dates

List all volunteer (high school and college, if applicable). You may attach an updated resume

Organization Name	Volunteer Activity	City, State	Dates

List all community service during college. You may attach an updated resume

Organization Name	Community Service Activity	City, State	Dates

If presently employed please provide your work schedule:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

V. OTHER INFORMATION

The following questions are required of all applicants. Omission of any information may result in our inability to process your application. This information will not affect your admission to the social work program, but it may limit the type of placement setting to which you will be assigned in the future.

False statements on this form would be evidence of unethical behavior and consequently grounds for termination from your field placement and/ or the VUU BSW/MSW Social Work Program.

You may attach additional pages, if needed, to answer these questions.

1. Have you ever used another name under which records may be filed concerning your application, or your education, training, or experience leading to your application (such as a maiden name, or your name prior to adoption)?

Yes No

If you answered yes, please use the space below to explain:

2. Have you ever been convicted of a traffic violation (including driving under the influence), misdemeanor, and/or felony?

Yes No

If you answered yes, please use the space below to explain:

3. Have you ever been charged with and found responsible for any type of abuse of a child, an elder or any other vulnerable person (such as someone with physical, cognitive or mental disabilities)?

Yes No

If you answered yes, please use the space below to explain:

V. OTHER INFORMATION

4. Are you a citizen of the United States of America, or a documented immigrant?

Yes No

If you answered "no", do you have a VISA that allows you to be here (such as a student VISA or work VISA?)

Yes No

If "yes", please attach a copy of the VISA to this document.

If "no", please attach a complete and comprehensive explanation to this document.

5. Please share any personal limitations that you are aware of that may be challenging to you as you pursue your social work degree.

By signing this application, I hereby give permission to members of the Social Work faculty to contact the references listed in Part III and attest that the information provided in this application is true.

Student signature

Date

Department Chair signature

Date