

Social Work Application for Admission

Please type or print.
NAME

_____ Last First Middle Maiden/Previous

PERMANENT ADDRESS: _____
Street

_____ City State Zip

TELEPHONE: (____) _____ (____) _____ (____) _____
Home Work Cell

E-MAIL: _____

TEMPORARY ADDRESS — if different from permanent address above. Valid until _____ / _____ / _____
Month Day Year

_____ Street

_____ City State Zip

TELEPHONE: (____) _____ (____) _____ (____) _____
Home Work Cell

DATE OF BIRTH: _____ / _____ / _____ SOCIAL SECURITY # _____
Month Day Year

GENDER: Female Male

CHECK ONE BOX ONLY: U.S. citizen or permanent resident U.S. visa holder (type) _____
 Other (specify country and citizenship status) _____

ENGLISH IS MY NATIVE LANGUAGE Yes No If "no", what is your native language _____

FOR WHICH PROGRAM ARE YOU APPLYING?

Programs begin in September unless otherwise noted.

(Choose one option)

Regular Standing 20____

- Full time (2 yr.)
- Extended time (3 yr.)
- Extended time (4 yr.)
- Weekend Cohort (4 yr.)*

Advanced Standing 20____

- Full time (12 month)*
- Extended time (2 yr.)
- Extended time (3 yr.)
- Weekend Cohort (3 yr.)*

(* These programs begin in June)

PREVIOUS EDUCATION INFORMATION: List all post-secondary institutions you have attended — colleges and universities (undergraduate and graduate), professional and vocational schools, regardless of the number of credits earned. An official transcript from each institution is required, even if courses are recorded on another transcript. Submit a separate additional sheet if necessary.

COLLEGE OR UNIVERSITY — Identify location (Non-U.S. citizens also should list secondary schools)	DATES ATT'D FROM / TO	DEGREE	DATE REC'D/ EXPECTED	MAJOR FIELD	GPA

RECOMMENDATIONS: List the individuals you have asked to submit references. These people should have knowledge of your professional and/or academic competence and should not be relatives or social acquaintances. Each person must submit a recommendation form and an accompanying letter of support.

Name	Title	Organization/Institution
Name	Title	Organization/Institution
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SUPPORTING COURSEWORK: Complete the information regarding courses you have taken or plan to take before enrolling in the MSW program. All prerequisite coursework must be completed prior to the first day of graduate classes.

Prerequisite Courses						
List all undergraduate course titles, credits, grades and completion dates in each of the following areas (attach additional sheets if necessary). If coursework is in progress or you plan to take coursework prior to enrolling in the MSW program, list it here and indicate "in progress" or "to be taken" in the grade column.						
	COURSE #	COURSE TITLE	INSTITUTION	COMPLETED (MO/YR)	GRADE	# OF CREDITS
Statistics/Research Methods						
Lifespan Developmental Psychology						
Human Biology						

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The following information is optional and is requested for use on federal and state reports, as well as institutional research. It is not used to determine one's eligibility for admission, nor will it be used in any type of discriminatory manner.

Are you Hispanic or Latino? Yes No

Please check all that apply: American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Religious preference: _____

You must sign the application. It must be accompanied by the nonrefundable graduate application fee of \$35.

To the best of my knowledge, the information given above is true. I understand that misrepresentation of facts on this application will be cause for refusal of admission, cancellation of admission or suspension from St. Catherine University and the University of St. Thomas. By signing this application, I agree to abide by the policies and regulations of St. Catherine University and the University of St. Thomas.

Signature _____ Date _____

St. Catherine University and the University of St. Thomas admit students regardless of race, color, national and ethnic origin, sexual orientation, age, religion, creed, disability, marital status, status with regard to public assistance, membership or activity in state or local commission and sex to all the rights, privileges, programs and activities generally accorded to or made available to students at the Universities.

It is the applicant's responsibility to ensure that her or his application file is completed by the application deadline of **January 10**. No credentials will be returned to the applicant. Meeting minimum requirements does not guarantee admission.

Submit all materials to: St. Catherine University, Office of Graduate Admission, Mail 4027
2004 Randolph Avenue, St. Paul, MN 55105