Department of Social Work POST MSW – Professional Educators License (Endorsement)

Accredited by the Council on Social Work Education (CSWE)

APPLICATION FORM & SUPPLEMENTAL PACKET

Procedural Summary

To give your application as prompt and thoughtful consideration as possible, it will be very helpful if you will:

- a) Before submitting your application: 1) review to ensure the accuracy of all information; 2) complete the Graduate Application and the Supplemental Packet; and 3) make a copy of all application materials for your records.
- b) Submit all application materials at the earliest possible date or by May 15th.
- c) Ask your references to return the letters of recommendation forms to you in a sealed envelope with their signature affixed across the sealed flap. (Do not open the references if you have waived your right to review.)
- d) Send all required documents, applications, the application fee, supplemental forms, and official transcripts to the:

The Graduate School Chicago State University 9501 So. King Drive ADM 129 Chicago, IL 60628 or Email <u>Gadams22@csu.edu</u>

e) Notify the Graduate School and the Department of Social Work immediately of any change of address or of a decision to withdraw your application.

We appreciate your interest in the Post MSW- PEL Program.

Dear Prospective Student:

Thank you for your interest in our CSU Post MSW- PEL Program. We applaud your courage and foresight in seeking this challenging and ultimately rewarding experience. We are pleased that you chose Chicago State University for this exciting academic adventure.

Please be aware that students are only admitted in the fall, (there may be exceptions for Advanced Standing students). Completed applications must be received by July 15th. Late applications are reviewed if all seats are not filled.

Chicago State has developed a unique social work curriculum that prepares graduates for a myriad of career opportunities serving families and children. We offer three concentrations: 1) Direct Practice with Children and Families, 2) Planning and Administration for Families and Children, 3) School Social Work, and 4) Post MSW- PEL Program.

Interviews may be scheduled for prospective students as part of the admissions process. This provides the best opportunity to share our expectations for students, and for applicants to fully explore information critical to their decision to enroll in the program. Alternative arrangements will be made for out-of-state applicants.

Please review the program requirements outlined in this supplemental packet or the university's website (<u>www.csu.edu</u>). If you still have questions and are not able to attend an information session, please feel free to call us.

Sincerely,

Lolita Godbold Director of Field Education

- 1. You must successfully meet the ILLINOIS STATE BOARD OF EDUCATION |MINIMUM REQUIREMENTS FOR STATE PROFESSIONAL EDUCATORS LICENSURE.
- 2. You must hold an MSW from a CSWE accredited school of social work. You must hold an MSW from a CSWE accredited school of social work. Hold a minimum G.P.A. of 3.0 with at least a grade of B in all courses in the Social Work major.
- 3. You must complete the attached brief application and submit it with your application materials.

Essay Questions:

Your typed essay should not exceed $\underline{2}$ pages. Please address the following items in your essay:

- 1. Please describe your interest in becoming a school social worker?
- 2. What have you done to improve your knowledge about the role of school social worker?
- 3. Describe the professional experiences that you feel have best prepared you for practice within school settings.
- 4. Please describe professional and/ or volunteer activities that have demonstrated your initiative and ability to work independently.
- 5. Please describe professional and/ or volunteer activities that have demonstrated your ability to work with others from diverse professional backgrounds, and to work successfully in teams and groups.
- 6. What experiences have you had working with parents? What do you see as the role of parents in the education of their children and the degree of their involvement in the school setting?
- 7. The school social work concentration requires a field internship commitment of 300 hours for a both semesters. How would you meet these expectations?

Chicago State University

9501 S. King Drive ADM, Suite 129 Chicago, IL 60628-1598

Tel: 773. 995. 2404 Fax: 773. 995. 3671 Email: grad-admissions@csu.edu

School of Graduate and Professional Studies

Application for Graduate Admission

		Gra	duate School	<u>Use Only:</u>
The School of Graduate & Professional Studies O University	Chicago State	Date Received		Payment /Check#
APPLICATION FOR GRADUATE ADMISSION	N Pro	ovide Pymt ID#	i	if made online
Personal Data				
Social Security Number:/ / / Optional, but SSN required if applying for financial aid	Title	e: 🗆 Ms. 🗆 Miss	Mrs. 🗆	Mr.
Last Name	First Name	MI	Maiden (if applicable)
Permanent Address: Number and Street		Apt (if	applicable)	
City	State*		Zip Code	
County	Country/Nation			
Area Code/Phone Number (day) Area Code/Phone	e Number (eve)	Email	Address	
* Have you lived in Illinois for the last 6 months? \Box Ye	s 🗆 No			
Enrollment Information				
 Term applying: □ Fall term □ Spring term Program Applying: 	□ Su Concen	mmer session tration:	Year	7 7
 Intended Enrollment Status: — Full-Time — Part-Tir Have you completed the bachelor's degree? — Y Have you previously attended CSU? 	When will/did you o	-		7 7
7 Have you applied/been admitted to another gradua	te program at CSU?	• 		7
Background Data Ethnic and Racial Identification for U.S Citizens & Perman	ent Residents only	(optional)		

Your response to the Ethnic and Racial questions are optional and will not affect the admission decision; it is requested so that we may demonstrate to federal and state agencies that this institution is in compliance with appropriate regulations.

First, identify whether or not your ethnicity is Hispanic or Latino, regardless of race. Second, select one or more races from the five racial groups.

Ethnic Identification	Hispanic or Latino	Marital Status	Single
	Not Hispanic or Latino		□ Married
Racial Identification	American Indian or Alaska Native	Gender	□ Female
	Asian		□ Male
	□ Black or African American		
	Native Hawaiian or Pacific Islander	Date of Birth:	
	□ White □	Place of Birth:	
	Other		

A legible copy of both sides of the Alien Registration Card must be included with the completed admission application.

Education Information

List below, all institutions attended, including community colleges, in chronological order. An official copy of each transcript will be required. (Attach extra sheet, if necessary.)

Undergraduate School	Dates Attended	<u>Major</u>	Degree	<u>GPA</u>
Graduate School	Dates Attended	Major	Degree	<u>GPA</u>

Emergency Contact Information

Relationship: Last Name		Firs	First Name		
Street Address	City	State	Zip Code		

Area Code/Phone Number (Day)

Area Code/Phone Number (Evening)

/No.:

Required Supplemental Information/Attachments to Application

Educational Goals: - Please attach a double-spaced, typed statement describing your career progression and the factors that influenced your decision to apply to graduate school. Your discussion should also include any professional goals, academic and research interests and how a degree from Chicago State University will assist you in the attainment of these goals. You may attach any other information you would like the admissions committee to consider while reviewing your application. (Individual departments may require an additional "goal statement" which cannot substitute for the Graduate School's statement.)

🗹 <u>Résumé</u>: Please attach a copy of your vita/resume listing scholarships/fellowships, awards and detailed history of employment.

Illinois Initial or Standard Teaching Certificate: Type:

🖉 <u>Transfer Credit:</u> If you have transfer credit that you wish to have applied to a CSU graduate program, indicate below. (Final approval is subject

to the intended academic department						
COURSE(S) TITLE	'COURSE #	CREDITS	LEVEL	INSTITUTION EARNED	GRADE	TERM/YR

*Transfer credit may be applied to a degree or certificate program providing that courses meet the following criteria: 1) be graduate level courses (MSW: advanced standing or HIA: preprofessional); 2) be comparable to those taught at CSU; 3) be taken within the degree completion time limit; 4) not have been used for a prior graduate degree, and 5) be issued a grade of B or better. No more than 9 hours of non-CSU work may be accepted.

Crime Awareness and the Clercy Act

In compliance with the Jeanne Clery Disclosure of Campus Crime Statistics Act, 20 U.S.C. 1092, the Annual Campus Security Report is available on the CSU Police Department website at http://www.csu.edu/CSUPolice/index.htm.

The Annual Security Report contains crime statistics for the three previous calendar years of reported crimes that occurred on campus or on public property within or immediately adjacent to campus. It also contains information on (1) the reporting of crimes or emergencies, (2) security of, and access to, campus facilities, (3) university police law enforcement authority, (4) security awareness programs and practices, (5) crime prevention

programs, (6) drug and alcohol policy programs, (7) crime statistics, (8) where to find information on Illinois registered sex offenders, and (9) policy and procedures regarding sexual assault.

Individuals can request a paper copy of the report by submitting a written request to the CSU Police Department, 9501 S. King Dr O&M Building Room 210, Chicago, IL 60628-1598. If additional information is required regarding campus safety and security measures, please contact the CSU Police Department at 773-995-2113.

Additionally, in compliance with Illinois P.A. 95-764, and in an effort to educate the campus community about sexual assault (including prevention and awareness of sex offenses, procedures to follow if a sex offense occurs, procedures for on campus disciplinary action, possible sanctions, and distribution), online resources and campus –sponsored awareness programs are offered on an ongoing basis throughout the year. Information about above policies, procedures, services, and programs can be obtained from the Department of Student Affairs, CSU Police Department and the Student Handbook.

Applicant's Signature

The Graduate School interprets submission of this application as knowledge and understanding of the guidelines and procedures described herein. I certify that all of the answers I have given on this application are accurate to the best of my knowledge. I understand that withholding the required information requested on this application will make me ineligible for admission. I also understand that unless my admission application is completed in its entirety, all remaining documents will be discarded after one year. Documents are not returned to the student.

 \Box If applying to a program administered by the College of Health Sciences, I give my consent to CSU to contact my references for recommendations. With full understanding of the confidential nature of each recommendation, I hereby waive my right, present, or future, which I might have to review these confidential recommendations.

Signature (Your application will not be processed without a signature.)

A Few More Words about Transcripts

It is the student's responsibility to ensure that all requested transcripts are received by the published application deadline. Previously submitted transcripts to the undergraduate or graduate school at CSU cannot be reused with new applications. revised 7-20-16

Date

CHICAGO STATE Post MSW PROGRAM LETTER OF RECOMMENDATION

Instructions to Applicant

Complete the top waiver information and give the form to your recommender along with a stamped envelope addressed to the address below or have the recommender to email the waiver, their brief written assessment and the evaluation summary to:

> Gadams22@csu.edu The Graduate School Chicago State University 9501 So. King Drive ADM 200 Chicago, IL 60628

Under the provisions of the Family Education Rights and Privacy Act of 1974, applicants who are admitted and enrolled have the right to view the information provided, unless the applicant waives such right.

	I hereby waive my right to view:	Yes	No
Signature		Date	
Name of Applica	ant		
	(Please Print)		
Name of Recom	mender		
	(Please Print)		
Title			
Instructions to Re	commender:		
1. How long ha	ve you known the applicant and in what c	capacity?	

2. Your candid assessment of the strengths and limitations of the applicant will be greatly appreciated. School Social Work students are carefully selected because of the serious responsibility they assume in providing services to students, families and school personnel to promote and support students' academic and social success. School Social Workers are the link between the home, school and community in providing direct as well as indirect services. Qualities such as emotional stability, sensitivity, resourcefulness, sound judgment, cultural competency and tolerance are important for successful work in the field of school social work. Within this context, please attach a brief assessment of this applicant.

3. Summary Evaluation

Using the chart below, please rate the applicant relative to other students or employees whom you have
known in a similar capacity.

	No Basis for Judgment	Below Average	Average	Above Average	Outstanding
1) Intellectual Ability					
2) Openness to learning with					
ability to change					
3) Ability to work cooperatively					
4) Emotional stability and					
maturity					
5) Communication Skills-Oral					
6) Communication Skills-Written					
7) Ability to analyze a problem					
and formulate a solution					
8) Commitment to the profession					
of school social work					
9) Sensitivity to and capacity for					
accepting differences in race, class,					
culture, lifestyle, and ideas.					
10) Ability to work					
collaboratively with teams					
11) Time and energy to be a					
successful student and satisfy the					
requirement of field hours in a					
school setting					

RECOMMENDATION

- ____ No, I do not recommend for admission at this time.
- Yes, I recommend with some reservations.
- _____Yes, I recommend.
- Yes, I strongly recommend the applicant and believe he/she has demonstrated the capacity to achieve at a superior level in graduate study in

Signature_____

Address

Date

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