Procedural Summary

In order 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 personal records.

b) Submit all application materials at the earliest possible date or by July 15th.

c) Ask you 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) Mail 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

   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 (www.csu.edu). If you still have questions and are not able to attend an information session, please feel free to call us.

Sincerely,

Dr. Vimala Pillari,
Chair, Social Work Department
Supplementary Application Instructions for Admission to the Post MSW-PEL Program.
Please also complete the Graduate Application

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 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?
School of Graduate and Professional Studies

Application for Graduate Admission
### Personal Data

Social Security Number: ______________ / ______________ / ______________  
Optional, but SSN required if applying for financial aid

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 Number (eve)  
Email Address

* Have you lived in Illinois for the last 6 months?  □ Yes  □ No

### Enrollment Information

- Term applying:  □ Fall term  □ Spring term  □ Summer session  
Year ____________  
- Program Applying: ____________  
Concentration: ____________  
- Intended Enrollment Status:  □ Full-Time  □ Part-Time
- Have you completed the bachelor’s degree? ______  When will/did you complete it? ____________
- Have you previously attended CSU? ______  Term of last enrollment ____________
- Have you applied/been admitted to another graduate program at CSU? ____________

### Background Data

**Ethnic and Racial Identification for U.S Citizens & Permanent 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.

<table>
<thead>
<tr>
<th>Ethnic Identification</th>
<th>□ Hispanic or Latino</th>
<th>□ Not Hispanic or Latino</th>
<th>Marital Status</th>
<th>□ Single</th>
<th>□ Married</th>
</tr>
</thead>
<tbody>
<tr>
<td>Racial Identification</td>
<td>□ American Indian or Alaska Native</td>
<td>□ Asian</td>
<td>□ Female</td>
<td>□ Male</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Black or African American</td>
<td>□ Native Hawaiian or Pacific Islander</td>
<td>Date of Birth: ____________</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>□ White</td>
<td>□ Other</td>
<td>Place of Birth: ____________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Citizenship | □ US Citizen | □ Not a citizen | □ Resident Alien: Registration No.: |

* 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.)

<table>
<thead>
<tr>
<th>Undergraduate School</th>
<th>Dates Attended</th>
<th>Major</th>
<th>Degree</th>
<th>GPA</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Graduate School</th>
<th>Dates Attended</th>
<th>Major</th>
<th>Degree</th>
<th>GPA</th>
</tr>
</thead>
</table>
Emergency Contact Information

<table>
<thead>
<tr>
<th>Relationship:</th>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
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<tr>
<td>Area Code/Phone Number (Day)</td>
<td>Area Code/Phone Number (Evening)</td>
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</tbody>
</table>

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.)

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

☑ Illinois Initial or Standard Teaching Certificate: Type: /No.: 

☑ Transfer Credit: 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.)

<table>
<thead>
<tr>
<th>COURSE(S) TITLE</th>
<th>COURSE #</th>
<th>CREDITS</th>
<th>LEVEL</th>
<th>INSTITUTION EARNED</th>
<th>GRADE</th>
<th>TERM/YR</th>
</tr>
</thead>
</table>

*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 Clergy Act


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.

☐ 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.) Date

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
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 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 Applicant __________________________
(Please Print)

Name of Recommender __________________________
(Please Print)

Title __________________________

Instructions to Recommender:

1. How long have you known the applicant and in what 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.

Last Updated May 9th, 2022.
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.

<table>
<thead>
<tr>
<th></th>
<th>No Basis for Judgment</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
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</thead>
<tbody>
<tr>
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<td>2) Openness to learning with ability to change</td>
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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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