

Student Steps of Responsibility for admission to the Wichita State University BSW Program and Practicum Program	Description of Steps
Attend a BSW Program Orientatic as early into your major as you ca	
Meet withthe BSW Program Director as early into your majo as you can.	Call 3169787250 to schedule a meeting time to discuss your proginto the Social Work program this meeting, a class plan for yo future semesters will be discussed.
Apply to the BSW Program and Practicum when youdve met the minimum criteria.	Complete the attached application and formsere are two deadlin dates per yeateOctober 15 and March 1& pplications are reviewed b the BSW Admissions Committee, and students are notified of entrance status intche program.Forms are also available online www.wichita.edu/socialwork
Attend a practicum program orientation in the fall of your junior year.	These are held in the fall semester, as part of the aSWork Friday event at the WSU School of Social Wo8tudents are required to atte orientation as part of their practicum process.
Complete your Senior Form/Application for Graduation with your social work faculty advisor.	Meet with your assigned social work advisor to complete this form in the fall semester of your junior year, I $\ R X \ U H X Q V X U H Z$ advisor is, please cathe WSU School of Social Work office 37 8-7250 or an email to <u>social work@wichita.edu</u>
Complete your Senior Form/Application for Graduation with LAS Advising.	Schedule a time to meet with an advisor in the LAS Advising Cen www.wichita.edu/lasadvising
Complete a pacticum inventory and submit your resume the fall of your junior year.	The practicum inventory provides tDerector of Field Practicum and the Associate Director of Field Practice information your interests and availability for practicum. This form is available at the practicum orientation. The form is also available online www.wichita.edu/socialworkThe due date for this form and resume v be announced at the mandatory Orientation Practicum Program.
Schedule your campus interview for practicum in December of your junior year.	Call our office 316-978-725@r stopby the School officein



BACHELOR OF SOCIAL WORK PROGRAM Application for Admission

The follow	ring documents are neces	sary to complete t	he program ap	plication				
Application (incompleteapplicationswill not be considered)								
F 🗌 F	Personal Narrative							
ד 🗌	Two References (forms availablevatvw.wichita.edu/BSWapplication							
	Copy of transcriptor Degree Works±unofficial (WSU students can get a copy from MyWS) Self ServiceGo to Student Records, then Academic Trans¢ript.							
□ V	WSU Model (photo) Release Form							
	u are also applying for th lete pag∉, and answer ado	-			-			
	are also applying for the transform of the second sec	•						
(Please print or type)		Date						
		Program Info	ormation					
Are you a full-time or parttime student? Part time(less than 12 hours)		Anticipated graduation date?		Fall 20				
		s than 12 hours)			Spring20			
				:	Summer20			
Personal Information								
Name				MyWSU ID#				
	Last	First	Middle					
Other Last Name(s) Address			Preferred Name					
Telephone	Street and number		City	State	Zip Code			
Email(s)	Home	Work	Mobile @shockerswichita.edu					
Other								

Attach a personal narrative (

Demographic Information (optional)								
Demographic information is optional and is for statistical purposes only. It will in no way affect the consideration of your application.								
Date of birth: Gender: Male Female Veteran: Yes No								
Race / Ethnicity: Are you Hispanic or Latino? Yes No								
Please select on e on ore of the following racial groups:								
Background Information								

Have you ever been convicted of a felony or misdemeanor as an advites No

Has any governmental agency ever substantiated allegations made against you for physical, mental or emoti abuse or negte, sexual buse, or exploitation of (1) a child, (2) a resident of an adult care home, medical car facility, psychiatric hospital or state institution for the mentally retarded, or (3) an adultes No

If you answeredyes to eiher of the above, please attach an explanation.

\$QVZHULQJ ³\HV´ GRHV QRW DXWRPDWLFDOO\ GLVTXDOLI\ \RX Program or the UCSWC Program lowever, depending on circumstances, it may affect your ability to be placed ina field practicum, which is necessary to complete the BSW program or certificate requirements. Plea contact the BSW Program Director/CSWA Program Coordinatoor UCSWC Program Coordinatory have any questions.

I understand that priorocivictions, diversions or pending charges may affect my ability to be placed in a field practicum, which is necessary to complete the BSW program, UCSWA, or UCSWC. This means that while ye may be admitted to the program, you may not be able to complete the dree ocertificate if there is something in your background that would prevent you from being placed in a field practicum. Many agencies requi background checks. Some criminal charges may affect your ability to be licensed in the State of Kansas.

Ethical Agreement

I have read and understand the SW Code of Ethics

Practicum Insurance

I understand that I may be placed with an agency that requires one or more of the following types of insurar coverage: (a) professional liability, (b) automobile liability, and(c) heath/medical. By signing this application, I hereby acknowledge that, if placed with an agency that requires such coverage, I am obligated to obtain, at my sole cost and expenses, uch insurance and maintain the requisite coverage during the duration of my practicum. I further understand and acknowledge that Wichita State is under no obligation to provide such insurance coverage on my behalf and indeedees not and will not provide such insurance coverage on my behalf. may request a practicum planent withan agency that does not require some or all of the above insurance requirements. While Wichita State University will make a reasona attempt to accommodate this request, I understand and acknowledge that such accommodation is guaranteed.

I hereby request to be placed in a practicum that does equire the following (heck all that are applicable):

- □ Professional liability insurance in the amount of \$1,000,000 in each instance/\$3,000,000 in the aggregate.
- □ Automobile (including liability) insurance
- □ Health/medical insurance (including hospitalization coverage)

NOTE:

The NASW Social Work Student Professional Liability Insurance can be obtained by members of NASW. T apply for membershiQ q 0 04(li)-3 ne

Practicum Statement

I understand that I wilbe required to attend practicum orientation as part of the placement process for the practicum program. I also will be required to complete a practicum inventory, along with a resume. These multiple completed during the fall semester of my junior yead expember 1st. After this point, I will be required to schedule a practicum interview to help determine my practicum placement.

Disabilities / Modifications

Wichita State University is committed to providing equal access to employment, educational program activities for students with disabilities. The University recognizes that students with disabilities may nee accommodations to have equally effective opportunities to participate in or benefit from University education program, services and actives and will make reasonable modifications to the environment, policy and practice and/or provide auxiliary aids and services when the Office of Disability Services determines such modification are needed for equal access.

Reasonable accommodation will considered and may be made to qualified students who disclose a disability, so long as such accommodation does not significantly alter the essential requirements of the curriculum and training program, or significantly affect the safety of others.

I also understand, and acknowledge that it is my responsibility to notify Wichita State University if I am in need of an accommodation. I further understand and acknowledge that it is my responsibility to notify Wichita Sta University if there is any eason I cannot meet the expectations of the Social Work Programment, or without reasonable accommodations.

BSW Certificate Program in Social Work and Addiction

Yes, I want to apply for the BSW Certificate Program in Social Work and Addiction						
I understandt I mustcomplete the online Application for Degree indicating that applying for this certificate. (Available on the myWSU Portal, myClasses tab, under Graduation Links.)						
□ 1R ,¶P QRW LQWHUHVWHG LQ DSSO\LQJ IRU WKH FHUWLILFDV						
Rank: 🗌 Freshman Sophomore Junior Senior						
Current WSU Student? Ves No, current colleg/university:						
☐,¶YH DOldulatBcGwithJaudegree in social work, in (year)						

If you are not a current student, please attach transcripts from all universities attended.

Be sure to address the questions in your native, as stated on page 3 of this application packet.

BSW Certificate Program in Social Work and Child Welfare

Yes, I want to apply for the BSW Certificate Program in Social Work and Child Welfare

I understand that must complete the online Application fDegree indicating that I am applying for



I hereby grant Wichita State University and/or parties designated by Wichita State University (including clients, purchas ers, agencies and periodicals or other printed matter and their editors the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works from University -related photographs and/or audio recordings and/or video images of the undersigned person. This grant includes, without limitation, the right to publish such images and/or audio, with or without my name or with a fictitious name, in the University newspaper, alumni magazine, and/or public relations / promotional materials, and any other marketing and admissions publications, advertisements, fund-raising materials, and any other University -related publication. The images and/or audio may appear in any of the wide variety of formats and media now available to the University and that may be available in the future, including but not limited to print, broadcast, videotape, CD -ROM, and electronic / online media.

I affirm that I am 18 years ol	d or olde r:			
Signature		Date		
Printed name				
Witnessed by	Date			
If under 18 years old:				
I am the parent or legal guar	dian of			
	YHWKHIRUHJRLQ at I ha ve legal right to issue co		: L F K L W D	6 W D
Signature		Date		
Printed name				
Witnessed by		Date		
_OCATION:	DESCRIPTION:			