

BACHELOR OF SOCIAL WORK  
ADULT STUDIES  
APPLICATION



UNION UNIVERSITY  
SCHOOL of SOCIAL WORK

---

BSW Adult Studies Admissions, #1868 | 1050 Union University Dr. | Jackson, TN 38305 | 731.661.5429 | fax 731.661.5566

BSW Adult Studies Admissions | 4000 Riverdale Rd. | Memphis, TN 38115 | 901.432.7137 | fax 901.757.1372

[www.uu.edu/academics/adultstudies/bsw/](http://www.uu.edu/academics/adultstudies/bsw/)

*Our Mission: Union University provides Christ-centered education that promotes excellence and character development in service to Church and society*

*Please Type or Print Clearly.*

Name \_\_\_\_\_  
*First Middle Maiden Last*

Preferred Name \_\_\_\_\_ Are you over 24 years of age?  Yes  No

Address \_\_\_\_\_  
*Street City State Zip*

Telephone \_\_\_\_\_  
*Home Work Cell Fax*

Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

### **PROFESSIONAL EXPERIENCE**

We must document at least two years of work experience.

Current Employer \_\_\_\_\_

Title \_\_\_\_\_ Years in Current Position \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State Zip*

Former Employer \_\_\_\_\_

Title \_\_\_\_\_ Years in Former Position \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State Zip*

### **REFERENCES**

Do not include family members. Please have references complete and mail/fax reference forms.

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

How did you become aware of Union's Adult BSW program? \_\_\_\_\_

If a current or former student recommended Union please give us this person's name. \_\_\_\_\_

**OFFICIAL TRANSCRIPTS**

Official Transcripts from all institutions where you have attended since high school must be sent directly to the Adult BSW Admissions Office. Please list below all the institutions you have attended since high school.

Name and Location of Institution	Dates Attended	Degree Earned (if any)	GPA	Name Under Which Transcript Will Be Issued

Union University admits students of any race, color, sex, handicap, and national or ethnic origin. As prescribed by the Department of Education and the National Center for Education Statistics, we are required to report demographic information including racial background. This information is not used in the admission process. Using the terminology of the NCES, please answer the following:

1. Are you Hispanic/Latino?  Yes  No

2. Respond Yes to one or more of the following groups:

- a. American Indian/Alaskan Native  Yes  No
- b. Asian  Yes  No
- c. Black or African American  Yes  No
- d. Hawaiian/Pacific Islander  Yes  No
- e. White  Yes  No

Male  Female Place of Birth: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

Federal laws require that, in order to enroll at Union University, one must either be a United States citizen or have proper legal immigration status certification. Prior to enrollment, students must present immigration paperwork to Union's Designated School Official (DSO) for processing.

Are you a U.S. citizen?  Yes  No If no, \_\_\_\_\_ Permanent Resident \_\_\_\_\_ Resident Alien \_\_\_\_\_ Non-resident Alien  
If you are not a U.S. citizen, an international student application must be completed and submitted with this application.

Have you ever been charged, arrested, or convicted of a criminal offense? If yes, please provide specific details on a separate sheet.

By signing below, I agree to abide by the rules and regulations of the university as described in the current Union University Undergraduate Catalogue.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Annual reports indicating compliance with the Student Right-to-Know and Campus Security Act are available in the Office of Safety and Security during regular office hours. Admission to the University does not automatically guarantee admission to specific academic programs within the University.

Links to important consumer information regarding financial assistance, cost of education, graduation rates, institutional information, confidentiality of student records, athletic program statistics, and campus security are available from the Office of Student Financial Planning website at <http://www.uu.edu/financialaid/consumerinformation.cfm>.

In compliance with all applicable state and federal law, including provisions of Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973, Union University does not legally discriminate on the basis of race, sex, national origin, age, disability, or military service in admissions; in the administration of its education policies, programs, or activities; or in employment. Under federal law, the university may discriminate on the basis of religion in order to fulfill its purposes. Persons who believe their rights under this policy have been violated should contact Office of the President, Union University.

**WHEN COMPLETED**

Please mail or fax your completed application, rationale statement, and \$25 non-refundable application fee to the appropriate Union University campus address listed on the front of this application.



***This section to be completed by applicant:***

 Name \_\_\_\_\_  
*Last*
*First*
*Middle*
*Maiden*

 Address \_\_\_\_\_  
*Street*
*City*
*State*
*Zip*

Telephone (\_\_\_\_) \_\_\_\_\_

I waive right of access to this reference; however, waiver is not required for admission into the Program.

OR

I do not waive the right to this reference.

 \_\_\_\_\_  
*Applicant's Signature*

 \_\_\_\_\_  
*Applicant's Signature*
***This section to be completed by reference:***

The above named applicant is applying for admission to Union University and has named you as a reference. After completing this form, please fax or mail it to

Union University | BSW Adult Studies Admissions | 4000 Riverdale Road | Memphis, TN 38115 | fax 901-757-1372

Name \_\_\_\_\_

Company Name \_\_\_\_\_ Title \_\_\_\_\_

 Address \_\_\_\_\_  
*Street*
*City*
*State*
*Zip*

1. How many years have you known the applicant? \_\_\_\_\_

 In what relationship?  Supervisor  Educator  Work Associate  Other

2. Rank the applicant in the following areas:

	Above Average	Average	Below Average	Not Observed
Peer Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision Making Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Do you know of any area in which the applicant might need special attention from Union University?

 4. Do you:  Recommend  Recommend with Reservation  Not Recommend

5. Comments \_\_\_\_\_

 Do you want to discuss the applicant with us further?  No  Yes, Telephone \_\_\_\_\_

 \_\_\_\_\_  
*Reference's Signature*

 \_\_\_\_\_  
*Date*

***This section to be completed by applicant:***

 Name \_\_\_\_\_  
*Last*
*First*
*Middle*
*Maiden*

 Address \_\_\_\_\_  
*Street*
*City*
*State*
*Zip*

Telephone (\_\_\_\_) \_\_\_\_\_

I waive right of access to this reference; however, waiver is not required for admission into the Program.

OR

I do not waive the right to this reference.

 \_\_\_\_\_  
*Applicant's Signature*

 \_\_\_\_\_  
*Applicant's Signature*
***This section to be completed by reference:***

The above named applicant is applying for admission to Union University and has named you as a reference. After completing this form, please fax or mail it to

Union University | BSW Adult Studies Admissions | 4000 Riverdale Road | Memphis, TN 38115 | fax 901-757-1372

Name \_\_\_\_\_

Company Name \_\_\_\_\_ Title \_\_\_\_\_

 Address \_\_\_\_\_  
*Street*
*City*
*State*
*Zip*

1. How many years have you known the applicant? \_\_\_\_\_

 In what relationship?  Supervisor  Educator  Work Associate  Other

2. Rank the applicant in the following areas:

	Above Average	Average	Below Average	Not Observed
Peer Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision Making Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Do you know of any area in which the applicant might need special attention from Union University?

 4. Do you:  Recommend  Recommend with Reservation  Not Recommend

5. Comments \_\_\_\_\_

 Do you want to discuss the applicant with us further?  No  Yes, Telephone \_\_\_\_\_

 \_\_\_\_\_  
*Reference's Signature*

 \_\_\_\_\_  
*Date*



# REQUEST FOR OFFICIAL TRANSCRIPT

Note: It is the student's responsibility to mail this form to the college/university where credit was earned.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Student Address \_\_\_\_\_  
Street City State Zip

Institution \_\_\_\_\_

Institution Address \_\_\_\_\_  
Street City State Zip

Name used when officially enrolled \_\_\_\_\_  
Last First Middle Maiden

Date of Enrollment \_\_\_\_\_ Birth date \_\_\_\_\_

Number of official copies requested \_\_\_\_\_ ( ) Self ( ) For address below. Please mail transcript to:

Check attached for \$ \_\_\_\_\_

Union University  
BSW Adult Studies Admissions  
4000 Riverdale Road  
Memphis, TN 38115

Student Signature \_\_\_\_\_ Date \_\_\_\_\_



# REQUEST FOR OFFICIAL TRANSCRIPT

Note: It is the student's responsibility to mail this form to the college/university where credit was earned.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Student Address \_\_\_\_\_  
Street City State Zip

Institution \_\_\_\_\_

Institution Address \_\_\_\_\_  
Street City State Zip

Name used when officially enrolled \_\_\_\_\_  
Last First Middle Maiden

Date of Enrollment \_\_\_\_\_ Birth date \_\_\_\_\_

Number of official copies requested \_\_\_\_\_ ( ) Self ( ) For address below. Please mail transcript to:

Check attached for \$ \_\_\_\_\_

Union University  
BSW Adult Studies Admissions  
4000 Riverdale Road  
Memphis, TN 38115

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

All graduate students must complete parts A–C.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

**A. MEASLES, MUMPS, AND RUBELLA (check one):**

Attach copy of Immunization record showing two (2) doses of Measles, Mumps & Rubella (MMR) vaccine

Attach copy of immune MMR titer Date: \_\_\_/\_\_\_/\_\_\_ Results \_\_\_\_\_

The state of Tennessee requires all students, born after January 1, 1957, entering colleges and universities to provide proof of two (2) doses of Measles, Mumps, and Rubella (MMR) vaccine on or after the first birthday or proof of immunity to measles with an MMR titer (blood test).

I was born prior to 1957.

**B. VARICELLA OR "CHICKENPOX" (check one):**

Attach copy of Immunization record showing two (2) doses of varicella vaccine

Attach copy of immune varicella titer Date: \_\_\_/\_\_\_/\_\_\_ Results \_\_\_\_\_

Attach letter from health care provider stating that he/she believes student has had chickenpox. Year of illness: \_\_\_\_\_

The state of Tennessee requires all students born on or after January 1, 1980 to provide proof of two doses of varicella (chickenpox) vaccine given no earlier than 4 days before 1st birthday or proof of immunity to varicella with a varicella IgG (titer) blood test.

I was born prior to 1980.

Signature of Physician/Provider \_\_\_\_\_ Date \_\_\_\_\_

Name of Physician/Provider \_\_\_\_\_

Address \_\_\_\_\_

**C. HEPATITIS B (HBV) IMMUNIZATION:**

Recommended for all new students and required for students in the **School of Nursing**. Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure, and even death. Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infection. A series of three (3) doses of vaccine are required for optimal protection. Missed doses may still be sought to complete the series if only one or two have been acquired. The HBV vaccine has a record of safety and is believed to provide lifelong immunity in most cases. Union University Health Services, located on the Jackson Campus, is open Monday – Friday 8 a.m.-4p.m. and offers Hepatitis B vaccine for \$50 per injection (price subject to change).

I decline receipt of vaccine to protect for Hepatitis B.

I have received the complete three dose series of the Hepatitis B vaccine.

I plan to receive the Hepatitis B series.

Student Must Sign Here \_\_\_\_\_ Date \_\_\_\_\_

I refuse immunization because of religious objections, have attached an official clergy statement, and affirm this reason under the penalties of perjury.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return to:

Union University  
BSW Adult Studies Admissions  
4000 Riverdale Road  
Memphis, TN 38115

fax 901-757-1372