Program Information, Admission & Application Procedures, Forms & Instructions
Academic Year 2015 – 2016

Priority Admissions Deadline for Fall 2015 Admissions:

Advanced Standing MSW Program: January 15, 2015
Traditional MSW Program: March 15, 2015
Spring Admissions (Advanced Standing Only): November 15, 2014

Mandatory Orientation/Registration Dates for New Students:

To be announced at a later date

Kim McNeil, Programs Coordinator, School of Social Work  kmcneil@uu.edu
1050 Union University Dr, Jackson, Tennessee 38305  (731)-661-5554 phone  (731) 661-5566 fax
MSW APPLICATION CHECKLIST

_____ 1. Carefully review the program information in MSW application packet. If you have any questions prior to applying, don't hesitate to contact us. Email: kmcneil@uu.edu and/or phone Kim McNeil at (731) 661-5554.

_____ 2. Allow plenty of time for yourself and references to submit required information. Admissions are “rolling” in the MSW program. This means that applications for admission are accepted and reviewed as long as there are program openings available. When all program openings are filled, new applicants who meet requirements are placed on the program waiting list, however admission is not guaranteed.

_____ 3. Complete the MSW Program Application.

_____ 4. Request official transcripts from ALL colleges and universities attended to be sent to UU School of Social Work Admissions Office:

Union University School of Social Work  
Kim McNeil, Programs Coordinator  
1050 Union University Dr., UU Box 2376  
Jackson, Tennessee 38305

The use of the transcript request forms (included in this packet) will expedite the receipt and processing of transcripts. All transcripts must be official. Transcripts in the applicant’s possession will not be accepted unless it is in an official envelope that is sealed by the institution issuing the transcript. The transcript must show degree conferred and date of degree. Union graduates need not request Union University transcripts.

_____ 5. Recommendations

- One previous professor/instructor
- One current professional/supervisor
- One other professional contact, work associate, or professor/instructor

Recommendations should be submitted on the forms included in this packet. If additional information is included, it must be on the responder’s business letterhead. **References must be sent directly from the individual writing the recommendation in a sealed envelope with their signature across the seal.** References will be verified at the discretion of the MSW Admissions Committee.
6. **Admissions Essay/Statement**
   The admissions essay is an important part of your application, and you should take time to respond clearly and thoughtfully to each topic included in the personal statement outline. It is recommended that you write a draft of the essay and carefully proofread it for grammar, spelling, sentence structure and content. Admissions committee readers look to your personal statement to get a sense of a “fit” between your vocational and life goals and the goals of the social work profession and UU MSW program. The essay outline is included in the application. Please complete the admissions essay form and attach it to your essay/statement.

7. **Complete the immunization form included in the application packet.** This form is required of all students entering the program.

8. **Enclose the $25.00 non-refundable application fee with your completed application packet.**

9. **Mail completed application packet to:**
   
   Union University School of Social Work  
   Kim McNeil, Programs Coordinator  
   1050 Union University Dr., Box 2376  
   Jackson, Tennessee 38305

Applicants may be asked to come in for an interview, complete a writing sample, or submit additional requested information. Please refer to the MSW handbook for Union University values.

Please contact Kim McNeil at (731) 661-5554 or kmcneil@uu.du if you have any questions or would like to check the status of your application. All information submitted becomes the property of Union University and cannot be copied or returned.
MSW ADMISSIONS APPLICATION

Please complete this application in its entirety. Only applicants that have fully completed the application will be considered for admission.

Please Type or Print Clearly

I. Program Options

☐ Advanced Standing, Full-Time, 1-Year (33 Credits)  Spring 20___  Fall 20___
☐ Advanced Standing, Part-Time, 2-Years (33 Credits)  Spring 20___  Fall 20___
☐ Traditional Full Time, 2-Years (60 Credits)  Fall 20___
☐ Traditional Part Time, 3-Years (60 Credits)  Fall 20___

Program Location

☐ Advanced Standing, Full-Time, 1-Year (33 Credits)  Jackson___  Germantown____
☐ Advanced Standing, Part-Time, 2-Years (33 Credits)  Jackson___  Germantown____

Name ________________________________________________________________________
Last     First   Middle/Maiden
Address ______________________________________________________________________
Street       Apt/Suite #
_______________________________________________________________________
City     State    Zip
Home Telephone ____________________________  Cell Phone ___________________ __
Work Telephone ____________________________
Email address _______________________________ Social Security Number ___________________

Union University admits students of any race, color, sex, disability, 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 admissions process. Using the terminology of the NCES, please answer the following:

1. Are you Hispanic/Latino? ☐ Yes ☐ No
☐ Male ☐ Female
Place of Birth ________________________________
Church Affiliation: ____________________________
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

DO NOT WRITE IN THIS BOX
Student ID# ____________________________
Date Received: ____________________________
Campus: ____________________________
II. **Academic History** – List all colleges/universities previously attended and specify any degrees received.

<table>
<thead>
<tr>
<th>College/University</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Degree / Date</th>
<th>GPA</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Are you currently enrolled in a college or university?  
[ ] Yes  [ ] No

Institution ____________________________

Name ____________________________

Address ____________________________

If you hold a BSW degree, please list name of agency/organization where your undergraduate internship was completed.

___________________________ ___ __________________________________  _____________

Agency/Organization         Location

Dates ____________________________ Number of Clock Hours at Internship ____________

III. **Professional Experience** – List employment you have held within the past five years beginning with the most recent. If unemployed, indicate activities/whereabouts. You may also attach a resume if desired.

Current Employer ____________________________

Address ____________________________

Street  City  State  Zip

Previous Employer (if less than 5 years in current position) ____________________________

Address ____________________________

Street  City  State  Zip

IV. **Volunteer Experience** - List any volunteer **social work** you have done.

Agency Name & Location  Duties  Dates

___________________________ ___ __________________________________  _____________

___________________________ ___ __________________________________  _____________

___________________________ ___ __________________________________  _____________

___________________________ ___ __________________________________  _____________

___________________________ ___ __________________________________  _____________
V. Prior Convictions

Social work agencies frequently obtain information about criminal records for those seeking internships and employment. Have you ever been convicted for any offense other than a minor traffic violation?

☐ Yes  If yes, please give specifics on a separate piece of paper.

☐ No

A positive answer will not necessarily preclude your acceptance into the program. However, it may prevent placement in some field practicum agencies and/or licensure in certain states.

VI. Recommendations – List the names and phone numbers of the individuals you have selected to submit recommendation forms for you.

1. __________________________________  2.   ___________________________________

3. __________________________________  4.  ____________________________________

(optional)

Three recommendation forms must be completed and received before your application can be reviewed. Recommendations constitute an essential part of the admissions process. The people selected to provide recommendations should be chosen with care and should include academic and professional references. They should be able to provide information regarding your ability, character, past academic and employment performance over an extended period of time, and potential of success in the practice of social work. Be sure to complete the top portion of the form before sending it to the person providing the recommendation.

VII. Citizenship

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.

I certify that all information that I have provided is complete and accurate. I understand that my failure to provide complete and accurate information may result in dismissal from the university, or other appropriate disciplinary action. I am aware of the accreditation status of Union University MSW Program. If admitted to Union University, I agree to abide by the policies and provisions stipulated in the university catalog.

________________________________________________________   ______________________________
Signature of Applicant        Date
MSW ADMISSIONS ESSAY

The admissions essay is one of the most important parts of your application packet. It is your opportunity to share with the Admissions Committee information about yourself that will be used to evaluate your readiness for the program and the profession of social work. Make certain you give the committee members well-written description of your experiences, interests, values and career objectives. Please follow the essay outline addressing each of the questions below. The essay must be typed, double-spaced and at least seven (7) pages in length. Please include a cover page and reference page (these two pages are in addition to the 7 essay pages). Your writing should be clear, well organized, show strong evidence of critical thinking, and demonstrate mastery of grammar, spelling, and American Psychological Association (APA) style. www.apastyle.org

Essay Outline

1. How did you first become interested in the social work profession? How has this changed over time? Discuss your motivation to pursue the MSW degree. What attracts you to Union University’s MSW program?

2. What experiences have you had in serving others? Has anyone been a role model for you in shaping your decision to be a social worker? Please elaborate.

3. Discuss a social problem that concerns you and why. How does that social problem relate to issues of diversity, social justice, or at-risk populations?

4. ADVANCED STANDING APPLICANTS ONLY: Based on the NASW Code of Ethics, identify an ethical dilemma related to the social problem you discussed. www.socialworkers.org/pubs/code/code.asp

Please include your name and page number on each page, complete the form below and attach it to your admissions essay.

Applicant Name _________________________________________________________
Address ________________________________________________________________
Phone ____________________________________ Email _________________________
Expected Date of Enrollment ______________________________________________

I certify that I personally wrote the attached essay.

Applicant Signature _________________________________ Date ___________________
MASTER OF SOCIAL WORK RECOMMENDATION FORM

To the Applicant: Three references are required with at least one being academic and one professional. If you have not been employed, please provide additional academic references.

- Complete the top portion of the recommendation form and send to the reference.
- Any applicant, with or without a BSW, who is currently or previously employed in a social or human services capacity/agency MUST include at least one recommendation from a current or previous supervisor, preferably one with an MSW.
- Recommendation forms must be sent directly from the individual writing the recommendation in a sealed envelope with their signature across the seal.

APPLICANT’S NAME ________________________________________________________________

Address _________________________________________________________________________ ______
_________________________________________________________________________________
Street     City  State  Zip

_____ I have read the information above and I waive my right to read/review this recommendation

_____ I have read the information above and I DO NOT waive my right to read/review this recommendation.

Applicant’s Signature __________________________________________ Date __________________

To the Recommender

Please complete portions of this form most appropriate for your relationship to the applicant and return to:
Union University MSW Program
Kim McNeil, Programs Coordinator
1050 Union University Dr., UU Box 2376
Jackson, Tennessee 38305

All responses must be returned in a sealed envelope with your signature across the seal.

Name ________________________________________________________________

Title/Organization Affiliation ________________________________________________

Address ________________________________________________________________
_________________________________________________________________________________
Street     City  State  Zip
#### MASTER OF SOCIAL WORK RECOMMENDATION FORM (cont.)

**Category of reference:** _____ Academic _____ Professional

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

____________________________________________________________________________________

______________________________________________________________________________________

2. Please rate the applicant in each area listed below.

<table>
<thead>
<tr>
<th>Area</th>
<th>No basis to rate</th>
<th>Very Low</th>
<th>Average</th>
<th>High</th>
<th>Very High</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Motivation for rigorous academic work</td>
<td>0 1 2 3 4 5 6</td>
<td>7 8 9 10</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>b. Emotional maturity</td>
<td>0 1 2 3 4 5 6</td>
<td>7 8 9 10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Intellectual ability</td>
<td>0 1 2 3 4 5 6</td>
<td>7 8 9 10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Writing ability</td>
<td>0 1 2 3 4 5 6</td>
<td>7 8 9 10</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>e. Oral expression</td>
<td>0 1 2 3 4 5 6</td>
<td>7 8 9 10</td>
<td></td>
<td></td>
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<tr>
<td>f. Flexibility</td>
<td>0 1 2 3 4 5 6</td>
<td>7 8 9 10</td>
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<tr>
<td>g. Creativity</td>
<td>0 1 2 3 4 5 6</td>
<td>7 8 9 10</td>
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<tr>
<td>h. Initiative</td>
<td>0 1 2 3 4 5 6</td>
<td>7 8 9 10</td>
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<tr>
<td>i. Integrity</td>
<td>0 1 2 3 4 5 6</td>
<td>7 8 9 10</td>
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<tr>
<td>j. Breadth of general knowledge</td>
<td>0 1 2 3 4 5 6</td>
<td>7 8 9 10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Ability to empathize with others</td>
<td>0 1 2 3 4 5 6</td>
<td>7 8 9 10</td>
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<td></td>
</tr>
<tr>
<td>l. Ability to advocate for self and others</td>
<td>0 1 2 3 4 5 6</td>
<td>7 8 9 10</td>
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<tr>
<td>m. Ability to work cooperatively within a team/peer relations</td>
<td>0 1 2 3 4 5 6</td>
<td>7 8 9 10</td>
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</tr>
<tr>
<td>n. Leadership skills</td>
<td>0 1 2 3 4 5 6</td>
<td>7 8 9 10</td>
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<tr>
<td>o. Values and respects diversity/Sensitivity to vulnerable populations</td>
<td>0 1 2 3 4 5 6</td>
<td>7 8 9 10</td>
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</table>

3. Recommendation concerning admission (check one):  

- [ ] I recommend the applicant without reservation.
- [ ] I recommend the applicant with reservation (please explain in #4)
- [ ] I do not recommend the applicant (please explain in #4)
4. Do you have any concerns about this applicant becoming a master’s level trained social worker? Yes ☐ No ☐

If yes, please explain (may use an additional sheet of paper if needed)

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

5. Do you want to discuss the applicant with us further: ☐ Yes ☐ No

Phone number: _____________________________________________________

______________________________  ______________________________
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: 
MSW Admissions Office 
Department of Social Work 
UU 2376 
1050 Union University Drive 
Jackson, TN 38305