BACHELOR OF SOCIAL WORK

ADULT STUDIES

APPLICATION
BSW Adult Studies - Application

(Please Type or Print Clearly)

Name ___________________________________________________________

Preferred Name _________________________________________________
Are you over 24 years of age? □ Yes □ No

Address __________________________________________________________

Telephone________________________________________________________

Social Security Number __________________________ E-Mail Address __________________________

PROFESSIONAL EXPERIENCE (We must document at least two years of work experience)

Current Employer _____________________________________________________
Title ____________________________________________________________
Years in Current Position ___________________________________________
Address __________________________________________________________

Former Employer ____________________________________________________
Title ____________________________________________________________
Years in Current Position ___________________________________________
Address __________________________________________________________

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 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 BSW Director, Union University. Please list below all the institutions you have attended since high school.

<table>
<thead>
<tr>
<th>Name and Location of Institution</th>
<th>Dates Attended</th>
<th>Degree Earned (if any)</th>
<th>Grade Point Average</th>
<th>Name Under Which Transcript Will Be Issued</th>
</tr>
</thead>
<tbody>
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Union University admits students of any race, color, sex, handicap, and national or ethnic origin. The items of information requested below are optional and will be used only for reporting purposes.

- Male
- Female
- Married
- Single

Birthdate: ___________ Place of Birth: __________________

- White (European American)
- Asian American
- Hispanic American
- North American Indian
- Black (African American)
- Prefer not to Indicate

Church Affiliation: __________________________

1. Are you a U.S. citizen?  ☐ Yes  ☐ No.  Or do you hold a permanent resident status?  ☐ Yes  ☐ No
   Applicants answering “Yes” to permanent resident status must supply a copy of their permanent residency card to the International Student Office.

2. If neither of the above, what is your current immigration status? __________________________
   Applicants answering Question #2 must complete an international student application (available at www.uu.edu/applications/AcrobatForms/int-app.pdf) and submit it to the International Student Office so that an I-20 form for initial attendance or transfer can be processed.

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.

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
Send this completed application along with $25 non-refundable application fee.

JACKSON CAMPUS
Address:  BSW Adult Studies Admissions
          Union University
          1050 Union University Drive
          Jackson, TN 38305
          FAX: 731.661.5566

MEMPHIS CAMPUS
Address:  BSW Adult Studies Admissions
          Union University – Olford Center
          4000 Riverdale Rd.
          Memphis, TN 38115
          FAX: 901-757-1372
RATIONALE STATEMENT FOR ADMISSION
Bachelor of Social Work
UNION UNIVERSITY

NAME ___________________________________________ DATE ____________

Using the space provided below, write a short explanation in your own legible handwriting indicating your reasons for seeking admission to the BSW Adult Studies program at Union University. The BSW Adult Studies Admissions Committee will look carefully at your written rationale using two criteria: (1) your motivation for completing a bachelor’s degree in general and specifically at Union; and (2) your writing skills as manifested in good organization, complete sentences, proper grammar and spelling. You may refer to a dictionary or thesaurus if you like. We urge you to proof-read this short writing sample. Your signature on the honor statement below is required.

This Rationale Statement is to be done as a part of the admissions process for the BSW program. It will be read by the program director and utilized by the BSW Adult Studies Admissions Committee as an important part of making the admission decision.

__________________________________________________________________________________________
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__________________________________________________________________________________________
__________________________________________________________________________________________

I hereby certify that the above statement is my original work. _________________________________
This section to be completed by applicant:

Name ____________________________________________ (Last) (First) (Middle) (Maiden)

Address _______________________________________________________________________________________

Telephone No. (_____)______________________ 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 ____________________________________________

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 the appropriate campus.

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Name ____________________________________________ Company Name ____________________________________________

Title ____________________________________________

Address ____________________________________________ 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 ☐ ☐ ☐ ☐
Communication Skills ☐ ☐ ☐ ☐
Decision Making Ability ☐ ☐ ☐ ☐
Leadership Ability ☐ ☐ ☐ ☐
Emotional Stability ☐ ☐ ☐ ☐

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 Phone No. ____________________

Reference’s Signature ____________________ Date ____________________
Union University School of Social Work
Admission to BSW Reference Form

This section to be completed by applicant:

Name
(Last) __________________________ (First) __________________________ (Middle) __________________________ (Maiden) __________________________

Address _______________________________________________________________________________________

Telephone No. (_____) __________________________

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.

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Name _______________________________________________________________________________________

Title _______________________________________________________________________________________

Address __________________________________________________________________________ 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
   Communication Skills
   Decision Making Ability
   Leadership Ability
   Emotional Stability

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 □ Phone No. __________________________

Reference’s Signature __________________________ Date __________________________
To: The Registrar

Name/Address of University Attended ________________________________

Name by which I was enrolled ________________________________

(Last) (First) (Middle) (Maiden)

Date of Enrollment ________________________________ Social Security No. ________________________________

(Semester) (Year)

Present Address ________________________________

(Street) (City) (State) (Zip)

Please send an official transcript to: (circle one)

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<td>4000 Riverdale Rd.</td>
</tr>
<tr>
<td>Jackson, TN 38305-3697</td>
<td>Memphis, TN 38115</td>
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Please bill any charges to the student’s address above.

I authorize release of my academic transcripts to Union University’s Department of Continuing Studies:

Signature: ________________________________ Date: __________

To: The Registrar

Name/Address of University Attended ________________________________

Name by which I was enrolled ________________________________

(Last) (First) (Middle) (Maiden)

Date of Enrollment ________________________________ Social Security No. ________________________________

(Semester) (Year)

Present Address ________________________________

(Street) (City) (State) (Zip)

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I authorize release of my academic transcripts to Union University’s Department of Continuing Studies:

Signature: ________________________________ Date: __________
Immunization Record
Students Must Complete Parts A & B

Name ____________________________________ Date of Birth __________________ Phone # ________________
Address _________________________________ e-mail _________________________________

A. MEASLES, MUMPS, AND RUBELLA

1) Combined Shot (Date Given): MMR #1 ___/___/___ MMR #2 ___/___/___
2) Has immune Rubeola 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. IF YOU WERE BORN BEFORE JANUARY 1, 1957 YOU ARE EXEMPT FROM THIS REQUIREMENT.

Signature of Physician/Provider ______________________________________________ Date __________________
Name of Physician/Provider __________________________________________________________________
Address _______________________________________________________________________________

☐ See attached copy of Immunization record

B. 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.-4 p.m. and offers Hepatitis B vaccine for $64 per injection (price subject to change). THE LAW DOES NOT REQUIRE THAT STUDENTS RECEIVE VACCINATION FOR ENROLLMENT. THE LAW DOES REQUIRE THAT A COPY OF THIS SIGNED FORM BE TURNED IN TO UNION UNIVERSITY HEALTH SERVICES.

☐ I decline receipt of vaccine to protect for Hepatitis B.
☐ I have received or plan to receive the complete three dose series of the Hepatitis B vaccine.

Student Signature Required __________________________________________________________
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 ___________________

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