APPLICATION FOR ADMISSION TO THE UW TACOMA MASTER OF SOCIAL WORK PROGRAM

MASTER OF SOCIAL WORK | UNIVERSITY OF WASHINGTON TACOMA

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TYPE OR SIGN FULL NAME

Please type all responses. Complete every question, even if information requested is included elsewhere in the application materials.

	Please indicate which program(s) y 3-Year MSW Program (Autumn 2022)	ou wish to apply for: Advanced Standing MSW Program (Winter 2023)	Have you previously applied for admission to the UW Tacoma MSW program?	No Yes	If YES,	Admitted Wait List Not Admitted
	Legal Name (last, first, middle)					
	Former name(s): If your first or last name has changed, indicate your former full name					
	Date of birth (month/day/year)		City and state of birth (include country if other than U.S.)			
•	Mailing address (street a	nd number)		(city)	(state)	(ZIP)
	Home Phone number	Work Phone Number	Cell Phone Number	E-mail address		
	Permanent address (street and	number)		(city)	(state)	(ZIP)
L						
Hav	e you successfully passed (C	C or 2.0 or higher) a course in ir	ntroductory statistics (4 quarter	or 3 semester c	r minimum)?	Yes No
	Statistics Course Title		College/University		Qtr/Sem & Year C	ompleted (or Planned)
Plea	se read the Essential Skills		matriculating into the MSW professional Conduct document conable accommodation.		box that applies to	your circumstance
:	Except for minor editoria	al assistance, did you write you	r admissions essay?	Yes	No	
I ac	knowledge the Health Scie	nces Immunization Program	Policy.	Yes	No	
	ou have earned credits or pl ation (CSWE) Master of So	anned credits from another Cocial Work program?	ouncil of Social Work	Yes	No	
If	yes, please contact the UW	/ Tacoma MSW Program prior	to application.			
gradua	ate study and professional social	work. Each applicant is also under	olicant is aware of the necessary con stood to have read and agreed to the nal Association of Social Workers' C	e Essential Skills,		
or to r	ecommend dismissal to the UW		ucational judgment, to recommend t udent whose academic record or pe rofessional behavior.			
			subsequent to this application's sul materials contained in my application			
By en	tering my name on this form, I a	cknowledge that I have read and u	understand the above statements.			

DATE