

University of Utah - COLLEGE OF SOCIAL WORK
 395 South 1500 East Room 214 - Salt Lake City, Utah 84112

PhD PROGRAM - APPLICATION FOR ADMISSION

Date of Application _____

Application Deadline (Campus) - January 1st

TED Application Deadline - November 1, 2009

Full-Time Fall _____ Part-Time Fall _____
(Please specify the year admission is desired)

(Expected Start: Summer 2010)

Applicant Name _____
(Last) (First) (Middle)

Current Address _____
(Street) (City) (State) (Zip Code)

Telephone Home _____ Work _____ Other _____
(Include Area Code) (Include Area Code) (Include Area Code and Type; i.e., Cell/Pager, etc.)

Permanent Address _____
(If different from above) (Street) (City) (State/Province/Country) (Postal/Zip Code)

E-Mail Address _____

What country are you a citizen of? _____

Are you a legal resident of Utah? Yes No Not Sure _____

Previous Application for Admission to the College of Social Work _____ (Year of Previous Application)

EDUCATION (Please list in chronological order the universities, colleges, and professional schools attended.)

NAME AND LOCATION OF SCHOOL	FROM Month-Year	TO Month-Year	MAJOR and DEGREE/DIPLOMA	DATE Degree or Diploma Received

(An evaluation of your social work education will be requested.)

Undergraduate GPA: Undergraduate Overall _____ Last 2 Years _____ **MSW GPA** _____

EMPLOYMENT EXPERIENCE

List in chronological order all professional positions held since graduation from undergraduate college or for the past seven years. Please include periods of military service. Employers may be contacted as references. Also please indicate if there is anyone you do not want us to contact. If the space below is not adequate, use additional sheets.

Position	Name and Address of Company or Agency	FROM Month-Year	TO Month-Year	Name and Address of Immediate Supervisor

EDUCATIONAL AND PROFESSIONAL INTENT

Please attach a 2-4 page personal statement of intent describing your professional interests and career aspirations, your reasons to receive advanced research training in social work, your major areas of interest in research or social work practice, your social work practice experience, your plans regarding financing a PhD program, and your post PhD plans.

PERSONAL REFERENCES

Give the names of three persons (other than relatives or personal friends) to whom you have distributed your reference forms. Please advise them to return the completed reference letter to: University of Utah, College of Social Work, PhD Admissions, 395 South 1500 East, Salt Lake City, Utah 84112-0260. Both academic and professional references are recommended.

Name and Title	Relationship to Applicant	Address (Street, City, State, Zip Code)

OTHER INFORMATION (If space is not adequate, please attach another sheet)

Academic Honors Received / Publications, Articles or Papers _____

What is your area of interest? _____

Membership and participation in professional organizations _____

What foreign languages can you speak? _____

Voluntary activities with community, social welfare, or civic organizations _____

If you have applied to other schools, please list the school(s) and give the application status:

School and Location	Application Status

How did you hear about the University of Utah Social Work PhD Program? _____

How do you expect to finance your education? _____

Are you applying for assistance from this school? _____

Do you expect financial aid from another source? (Please specify.) _____

Have you ever been arrested for, charged with, pled guilty or no contest to, or been convicted of a felony charge? Yes No

Do you currently have any felony charges pending against you? Yes No

If you answered "Yes" to either of the above questions, please explain:

To the best of my knowledge, the information in this application is current and complete:

Signature of Applicant _____

The University of Utah is committed to policies of equal opportunity and affirmative action and prohibits discrimination on the basis of race, color, national origin, religion, sex, sexual orientation, age, or status as a Vietnam veteran, disabled veteran, or person with a disability. The University seeks to provide equal access to its programs, services, and activities for people with disabilities. Reasonable prior notice is needed to arrange accommodations. Evidence of practice not consistent with these policies should be reported to the Office of Equal Opportunity and Affirmative Action, 801-581-8365 (Voice to TDD).

The following information is used for federal reporting purposes but is not required. Failure to provide this information will have no adverse effect on your potential admission.

Male Female

Birth Date _____

U.S. Citizen: Yes No

If No, Nationality _____

Type of Visa _____

Ethnic origin of U.S. Citizens:

African American

Hispanic Origin

Alaskan Native

Pacific Islander

American Indian

White (not Hispanic)

Asian American

Other/Explain _____

Disabled: Yes No

If Yes, please explain _____

For information on facilities and programs for disabled students, write University of Utah, Center for Disabled Students Services, 200 South Central Campus Drive, Room 162, Salt Lake City, Utah 84112-9107, or telephone 801-851-5020.