

University of Utah  
College of Social Work  
**Application for Admission to Candidacy for the  
Master of Social Work Degree**

*It is the student's responsibility to complete and submit this form to Room 317 no later than October 15<sup>th</sup>. No student may graduate unless this form has been processed.*

Name of Candidate \_\_\_\_\_ ID# \_\_\_\_\_  
(Last) (First) (Middle)

Telephone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Present Address \_\_\_\_\_  
Street/PO Box City State Zip Country

Permanent Address \_\_\_\_\_  
Mailing Address you want your diploma mailed to after Graduation if different from Present Address

Hometown (Information for Commencement Program ) \_\_\_\_\_

Degree(s) Institution Year

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Requirements for the M.S.W. Degree will be completed** \_\_\_\_\_  
(Semester) (Year)

**The Candidate listed above has fulfilled all requirements for the Master of Social Work Degree:**

\_\_\_\_\_  
M.S.W. Program Director Date Dean - College of Social Work Date