

MSW APPLICATION CHECK LIST

Please complete both pages, sign and return with your application or submit electronically with your online application. You may also email it to: graduate@westfield.ma.edu.

CONTACT INFORMATION

Name: _____

Address: _____

Email: _____ Phone: _____ Cell phone: _____

APPLICATION ATTACHMENTS AND REQUIREMENTS (PLEASE CHECK IF COMPLETE):

- Application form attached Resume attached
- Application fee Professional statement attached
- Transcripts (list degrees & institutions): _____
- 3 Reference Forms & narratives* (list names): _____

**Be sure to inform your references that an attached letter or narrative is required beyond the check list reference form.*

PROGRAM OF STUDY QUESTIONS

If you want to be considered for both the Westfield and Online program please check this box.

Ongrounds/In Person Program at Westfield Campus

Students attend classes in person on the Westfield Campus on Monday and Thursday evenings, along with coursework online (Hybrid model). Some courses are fully asynchronous, online. Approximately 20% of the program curriculum is completely asynchronous online. The required field internships are completed in person within a 60-mile radius of Westfield.

Online Program

Students attend classes on Zoom on Monday and Thursday evenings, along with asynchronous coursework (Hybrid model). Some courses are fully asynchronous, online. Approximately 20% of the program curriculum is completely asynchronous online. For the 2023–2024 academic year, Advanced full-time and full-time traditional programs of study internships are to be completed in Massachusetts. All 2024–2025 academic year internships can be completed in Massachusetts and within a 50-mile radius from Massachusetts in the following states, Vermont, New Hampshire, Rhode Island, Connecticut, and New York. Starting in the 2025–2026 academic year, all internships can be completed in Massachusetts, New Hampshire, Vermont, Rhode Island, Connecticut, and New York.

I understand I may not be admitted into my preferred program of study and I may be offered admission into a different program of study based on the recommendation of the Admissions Committee

Please rank your preferred plan for program completion (1=first preference): Traditional Program (66 credits)

Traditional Program Options (66 credits):

- ____ Two Year Full-time
- ____ Three years (Accelerated part-time)
- ____ Four years (part-time)

Advanced Standing Options (37 credits, BSW required):

- ____ One year (Full-time)
- ____ Two year (Part-time)
- Please list undergraduate social work GPA: _____

Please identify the clinical area of specialization you want to declare* (*Specializations are not required*)

Specializations:

Children, Youth, and Families

Substance Use/Addictions

Health Social Work

Latinx Community Health

LIBERAL ARTS PREREQUISITES

Please list the courses you have taken that may meet these requirements (for more information on these requirements and options for completion please see the admission policy)

American Government: _____

Human Biology: _____

Social Science: _____

IMPORTANT APPLICATION AND ADMISSIONS INFORMATION

Please check each box that you understand the following information and sign this form to verify the accuracy of this information.

I understand that the application fee and the deposit if accepted are nonrefundable.

I understand that reference forms need to have attached narratives or letters in support of my application.

I understand that if accepted I will need to meet all Liberal Arts Prerequisites by the timeline determined by the program but that not having completed all the prerequisites prior to applying are not a reason for rejection from the program.

I understand that the professional statement I am submitting is both a writing sample and a demonstration of my understanding of the Values & Ethics of Social Work, my critical thinking skills, and my ability to be self-reflective.

I understand that field placement agencies generally require a CORI check. I understand that if I have a positive CORI background check that this positive CORI has the potential to greatly reduce or eliminate opportunities regarding field placement options, may create issues with acquiring a license once completing my MSW, and could impact social work employment after completing my MSW.

I understand that I am not required to identify a specialization, and that all specializations are pending university approval.

Name: _____
(please print)

Signature: _____

Date: _____