



Student Steps of Responsibility for admission to the Wichita State University BSW Program and Practicum Program	Description of Steps
<p>Admission</p>	<p>Call 316-978-3116 for information</p>
<p>BSW Admission</p>	<p>Call 316-978-3116</p>



BACHELOR OF SCIENCE
 IN
 APPLIED MATHEMATICS

Requirements:

All courses must be completed with a grade of C or better.

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If you are a transfer student, you must complete the following courses with a grade of C or better:

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Name _____ Date _____

Program Information

Applied Mathematics	12 credits	20
Mathematics	12 credits	20
Science	6 credits	20

Personal Information

Name _____ SSN# _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____

Email _____

Attach a personal narrative (

Demographic Information (optional)

Do you have a job? Yes No

Date of birth: _____ Gender: Male Female Other

Are you currently employed? Yes No

Race: African American Asian Hispanic/Latino Native American Other

Background Information

Have you ever been arrested? Yes No

Have you ever been convicted of a crime? Yes No

If you answered yes to either of the above, please attach an explanation.

Ethical Agreement

I agree to abide by the NASW Code of Ethics

I hereby acknowledge that, if placed with an agency that requires such coverage, I am obligated to obtain, at my sole cost and expense, such insurance and maintain the requisite coverage during the duration of my practicum. I further understand and acknowledge that Wichita State is under no obligation to provide such insurance coverage on my behalf and indeed does not and will not provide such insurance coverage on my behalf.

I understand this

I understand this (check all that are applicable):

- Financial \$1,000,000 and \$3,000,000 in
- Auto
- Health

Wichita State University

Form 04(1)-3

Practicum Statement

I shall be
in the
office
at

at

at

December 1st. At

Disabilities / Modifications

with
a
pick
up

at

at

at
at

at

at

I am
with
reasonable accommodations.

at

at

with or without

§ d

BSW Certificate Program in Social Work and Addiction

M

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h (A)

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R , P Q R W L Q W H U H V W H G L Q D S S O \ L Q J I R U W K H F H U W L I L F D W

Rank: F S h S

Current WSU Student? Y N _____

, Y H D O W L D G \ J U D _____

If you are not a current student, please attach transcripts from all universities attended.

Be sure to address the questions in your narrative, as stated on page 3 of this application packet.

BSW Certificate Program in Social Work and Child Welfare

M ~~11/18/2014~~ ~~11/18/2014~~

I ~~th~~

I ~~th~~ ~~11/18/2014~~

D ~~th~~ ~~11/18/2014~~



I hereby grant _____ and/or parties designated by Wichita State University (including clients, purchasers, agencies and periodicals or other printed matter and their editors the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works from

_____ of the undersigned person. This grant includes, without limitation, the right to publish such images and/or audio, with or without my name or with a fictitious name, in the University newspaper, alumni magazine, and/or public relations / promotional materials, and any other marketing and admissions publications, advertisements, fund-raising materials, and any other University-related publication. The images and/or audio may appear in any of the wide variety of formats and media now available to the University and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM, and electronic / online media.

Signature _____ Date _____

Printed name _____

Witnessed by _____ Date _____

I am the parent or legal guardian of _____

I hereby approve the foregoing consent to Wichita State University's use subject to terms mentioned above. I affirm that I have legal right to issue consent.

Signature _____ Date _____

Printed name _____

Witnessed by _____ Date _____

LOCATION:	DESCRIPTION:
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