Unibetsedåt Guahan – University of Guam

Bachelor of Social Work Degree Program School of Nursing and Health Sciences

APPLICATION FOR ADMISSION

Date of Application:
DENTIFYING INFORMATION
Soc. Sec. No.:
Email Address:
Place of Birth:
Ethnicity:
emergency
Telephone No.: (h)
II. EDUCATION py of your most current transcript or computer printout)
tion):
Dates Attended Degrees From To (Indicate Major) Mo/Year Mo/Year
t

List other educational experiences that you consider significant (i.e. workshops, seminars in-service training, etc.)			
		III. EMPLOYMENT nost recent position. Include any mil	itary service)
Position	Employer	Dates (from – to)	Hours (per week)
		OTHER EXPERIENCES eer experiences in social work or rel	ated fields)
	_	NTERESTS AND DIS/ABIL e languages in which you are fluent	_

VI. FINANCIAL INFORMATION

Are you receiving any form of financial ai	id or assistance (loans, grants, scholarships)?
Yes:No:	
If yes, please specify:	
VII. PREFERENCE WITH RE	EGARD TO FIELD INSTRUCTION
What are your field instruction interests (i	.e. mental health, aging, child welfare)
Do you have a valid driver's license?	Yes: No:
Do you have access to a car?	Yes:No:
Will you be employed while a student?	Yes: No:
If yes, where	and for how many hours (per week)?

VIII. PERSONAL STATEMENT

In 500 words or less, please state your reasons for wishing to become a social worker and what you expect from the program. This should be typed and attached to this application.

In addition to this application form, please provide the following:

- 1) A WebAdvisor printout showing your current status of courses taken
- 2) If your most current transcript does not show social work being your declared major, provide evidence that you declared social work your major.
- 3) Two letters of personal reference

Please submit this application to the Administrative Office of the School of Nursing and Health Sciences, Dr. Tricia A. Lizama, Tel: 735-0335, Email: tlizama@triton.uog.edu)