



School of Social Work Master's Program Admission Application

Please return this application, your statement of professional orientation, worksheet on liberal arts courses, and three letters of reference to the following address: School of Social Work, University of Arkansas at Little Rock, 2801 South University, Little Rock, Arkansas 72204-1099. Attention: Admissions Coordinator, Master's Program (All other materials should be sent directly to the UALR Graduate School).

IDENTIFICATION

- 1. Name (Last/First/Middle) UALRT#
2. Please list any other names that may appear on transcripts or other official records.
3. Present mailing address (Number/Street/City/State/ZIP)
4. Permanent mailing address (Number/Street/City/State/ZIP)
5. Home phone Work phone Cell phone
6. E-mail address (please print carefully)
7. Person to be notified in case of emergency
8. Legal or voting residence: Arkansas Other

ACADEMIC BACKGROUND

Note: You must have graduated from an accredited four-year college by the date you wish to enter UALR. To be eligible for admission, you must demonstrate a liberal arts background.

9. List all colleges and universities attended

Table with 4 columns: Name and city, Credit hours earned, Degree awarded/Date received or anticipated, Major

10. Test scores: (Request each testing service to send your test results directly to UALR Graduate School)

- GRE scores: MAT score:
GRE date taken: MAT date taken:
GRE verbal score:
GRE quantitative score:
GRE analytical writing score:

NOTE: UALR Graduate School must receive official GRE/MAT scores by the application deadline, and the test must have been taken within the last five years.

- 11. Applying for: Full-time Non-Advanced Standing program, Part-time Non-Advanced Standing program, Full-time Advanced Standing, Part-time Advanced Standing, Transfer

12. Have you submitted test scores, all undergraduate transcripts and immunization records to the graduate school? Yes No
13. Will you have a car available to drive to your internship? Yes No
14. Will you have any specific limitations in performing academic or internship duties? Yes No
- If yes, please specify: _____

15. Are you also applying to other schools of social work at the present time? Yes No
16. Have you ever been refused admission to any school of social work? Yes No
17. Have you ever been dismissed from or denied readmission to any college or university? Yes No
18. Have you ever been discharged from the armed forces under other than honorable conditions? Yes No
19. Have you ever been convicted of or disciplined for any sexual misconduct? Yes No
- If you answered yes to Question 16, 17, or 18, attach a brief narrative explanation.

20. Are there any physical or emotional factors that should be considered in planning your program? If so, please describe: (optional)

CAREER GOALS

21. Please indicate your career interests in social work (check all that apply).
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| 1. <input type="checkbox"/> Addictions | 7. <input type="checkbox"/> Health | 13. <input type="checkbox"/> Social and Economic Development |
| 2. <input type="checkbox"/> Adolescents | 8. <input type="checkbox"/> Marriage and Family | 14. <input type="checkbox"/> Social Policy |
| 3. <input type="checkbox"/> Aging/Gerontology | 9. <input type="checkbox"/> Mental Health | 15. <input type="checkbox"/> Social Services Management |
| 4. <input type="checkbox"/> Children | 10. <input type="checkbox"/> Program Development | 16. <input type="checkbox"/> Not sure yet |
| 5. <input type="checkbox"/> Community Organizing | 11. <input type="checkbox"/> Public Schools | 17. <input type="checkbox"/> Other _____ |
| 6. <input type="checkbox"/> Corrections | 12. <input type="checkbox"/> Research | _____ |

REFERENCES

List three references, preferably professors or professionals under whom you have studied or worked. Students or those employed in social work should give work references from significant paid or volunteer experiences related to social work, if available. These may be, but do not have to be, the same people who complete the reference forms you will submit to the admissions coordinator.

Name	Address and Phone	Capacity in which this person knows you
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that all of the statements made in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Signature of applicant _____

Date _____