

# Bachelor of Arts Social Welfare

## HOW TO APPLY

### Step One: Apply to UW Tacoma

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#### Current UW Tacoma students:

- Download and complete the **Declare/Change Major Form:**  
[www.tacoma.washington.edu/students/declaring.cfm](http://www.tacoma.washington.edu/students/declaring.cfm)

- Print your unofficial UW transcript from your MyUW account.

Return completed form and transcript with materials in step two.

#### Transfer students:

- Complete the UW Tacoma **Application for Transfer Admission** with payment of the \$60 application fee.  
[www.tacoma.washington.edu/apply](http://www.tacoma.washington.edu/apply)

- Request **an official transcript** for all college-level coursework. High school transcripts are required *only* if foreign language or intermediate algebra requirements were completed in high school. When possible, UW Tacoma requests electronic transcript submission from all Washington state community and technical colleges (code 412).

### Step Two: Apply to the Social Welfare degree program

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- All Social Welfare applicants must complete the **Social Welfare Application** which includes:
  - Admissions essay
  - Current résumé
  - Conviction/Criminal History Information Form
  - Authorization for Repeat Background Checks and Dissemination of Results Form

Mail or bring all items for **step two** to:

#### Social Work Program

#### Attn: Undergraduate Admissions

University of Washington Tacoma  
Campus Box 358425  
1900 Commerce Street  
Tacoma, WA 98402-3100

#### AUTUMN QUARTER APPLICATION DEADLINE

**April 15**

Complete applications received by the application deadline will be assured of a review; applications received after this date will be reviewed on a space-available basis.

Note: Your application will not be reviewed for admission until all items have been received.

Social Welfare admits students for **Autumn Quarter only**.

#### ADMISSION REQUIREMENTS

All admission requirements must be fulfilled before you begin classes. For more information on admission requirements, go to:

[tacoma.washington.edu/social/academics/basw/admission.cfm](http://tacoma.washington.edu/social/academics/basw/admission.cfm)

#### HOW TO CONTACT SOCIAL WORK

[tacoma.washington.edu/social](http://tacoma.washington.edu/social)

Office: WCG 203

Phone: 253-692-5820

Fax: 253-692-5825

E-mail: [tsocial@u.washington.edu](mailto:tsocial@u.washington.edu)

# Social Welfare Application

Please type or print clearly.

**SECTION A: PERSONAL INFORMATION**

Indicate year you wish to enter: Autumn Quarter Year

|   |  |                   |
|---|--|-------------------|
| Full Legal Name (last, first, middle)<br><input type="checkbox"/> Mr.<br><input type="checkbox"/> Ms. |  |                   |
| Mailing address (street and number)   | (city)   | (state) (ZIP)     |
| Phone number (home) ( ) ( )   | (work or cell) ( ) ( )   | E-mail address    |
| Gender: <input type="checkbox"/> Male<br><input type="checkbox"/> Female                              | Application status:<br><input type="checkbox"/> I am a current UW Tacoma student.<br><input type="checkbox"/> I am applying to transfer to UW Tacoma.<br>Have you submitted your Application for Transfer Admission?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | UW Student Number |

**SECTION B: PROGRAM PREREQUISITES**

Please provide information on all of the prerequisites you have completed below. If you have not completed a prerequisite, please indicate the quarter/year you intend to complete it. Please note that a minimum 2.0 ("C") grade is required in each course. If you received below a 2.0, you will be required to repeat the course prior to beginning the program.

| Prerequisite                              | College | Course Abbreviation & Number | Quarter/Year Completed | Grade |
|---|---------|------------------------------|------------------------|-------|
| Psychology (intro or survey course)       |         |                              |                        |       |
| Sociology (intro or survey course)        |         |                              |                        |       |
| Economics (intro, survey, micro or macro) |         |                              |                        |       |
| Human biology*                            |         |                              |                        |       |

\*Approved human biology courses must have been completed within the last 10 years. For a list of approved courses, visit [tacoma.washington.edu/social](http://tacoma.washington.edu/social).

**SECTION C: INSTITUTIONS ATTENDED**

List all higher education institutions you have attended, including the University of Washington, in the order you attended them.

| School name | Location |       | Dates attended |    |
|-------------|----------|-------|----------------|----|
|             | City     | State | From           | To |
|             |          |       |                |    |
|             |          |       |                |    |
|             |          |       |                |    |
|             |          |       |                |    |

CONTINUED ON NEXT PAGE

**SECTION D: ESSAY AND RESUME**

***Note about the essay:** If you are completing the online Application for Transfer Admission, you will submit your essay as part of that application. You do not need to submit your essay twice. Please follow the essay guidelines below.*

**ESSAY**

The admissions essay is a critical element in the review of each applicant’s qualifications. Applicants are urged to carefully follow the instructions provided below and to be as thorough as possible within the guidelines set. The essay should be typed, double-spaced with a size of 11 or 12 font. Each part of your essay should be clearly titled.

**Part A.** Please give a brief (one page maximum) autobiographical statement that supports your interest in a social work career. Include information about the following:

- Any special obstacles that you have met and overcome
- Examples of leadership
- Other influences (either positive or negative) that have shaped your interest in social work

**Part B.** Please describe your volunteer or work experiences that relate to social services (one page maximum). Include:

- Your duties as a social service provider
- What you learned from the experience
- How the experience has influenced your career goals
- Any involvement with disadvantaged populations
- Any involvement with social issues

**RÉSUMÉ**

Provide a résumé of experiences that relate to social services (one page maximum) that includes the following:

- Any social service experiences either paid or volunteer (**you must list dates and total hours of involvement**)
- Special awards, achievements, honors that you have earned
- Special skills (e.g., bilingual skills, artistic talent, research skills)

Upon admission, each applicant will be required to complete a background check (required \$69 fee) and read and agree to the Standards for Essential Abilities and Attributes for Admission and Continuance in the Social Work Program.

The Social Work Program reserves the right, on the basis of educational judgement, to recommend to the University that an applicant be denied admission or to recommend dismissal to the University of an admitted student whose academic record or performance in field instruction does not meet minimal expectations or whose performance is not consistent with the accepted standards for professional behavior.

In signing this form, I acknowledge that I have read and understand the above statement and that all materials submitted are complete and accurate. I understand that my application is incomplete without my signature.

|                        |       |
|------------------------|-------|
| <b>Signature</b>       |       |
| <hr/>                  | <hr/> |
| Signature of Applicant | Date  |

Submit this application, essay, résumé, Conviction/Criminal History Information and Repeat Authorization forms to:

**Social Work Program  
Undergraduate Admissions**  
University of Washington Tacoma  
Campus Box 358425  
1900 Commerce Street  
Tacoma, WA 98402-3100

# Conviction/Criminal History Information

This form must be completed to be considered for admission. Please type or print clearly.

When considering individuals for admission to the Social Work Program, conviction/criminal history records are reviewed as they relate to the content and nature of the curriculum and the safety and security of clients and the public. Additionally, the Washington State Child and Adult Abuse Information Law (RCW 43.43.830-.842) requires that the Social Work Program ask applicants to disclose specific information about any convictions for crimes against persons and crimes relating to financial exploitation and findings in related actions and proceedings. This conviction information must be disclosed before an applicant can be considered for enrollment in any social work degree program which may involve unsupervised access to children, developmentally disabled persons or vulnerable adults as defined by the law. **A conviction/criminal history record does not necessarily disqualify an individual for admission.** Criminal history records may be verified through the Washington State Patrol or other law enforcement related agencies; initial and/or continued enrollment may be subject to a satisfactory Criminal Conviction Report.

|   |         |        |                               |   |
|---|---------|--------|-------------------------------|---|
| Applicant Name (Last)   | (First) | (M.I.) | Social Security Number        | *Your Social Security Number is a required part of your application. It is a unique identifier necessary to conduct the State of Washington criminal history background check required of all applicants. |
| Degree Program applied for:<br><input type="checkbox"/> MSW <input type="checkbox"/> BASW |         |        | Date of Birth (Mo., Dy., Yr.) |   |

**1. CRIMES AGAINST PERSONS AND CRIMES RELATING TO FINANCIAL EXPLOITATION:**

Have you ever been convicted of any of the crimes listed below?    Yes    No    If Yes, check all that apply and describe in box 5 below.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Custodial Interference (1st/2nd Degree) | <input type="checkbox"/> Assault, Custodial                      | <input type="checkbox"/> Promoting Prostitution (1st Degree)             |
| <input type="checkbox"/> Extortion (1st/2nd/3rd* Degree)         | <input type="checkbox"/> Assault, Simple (or 4th Degree Assault) | <input type="checkbox"/> Prostitution                                    |
| <input type="checkbox"/> Forgery*                                | <input type="checkbox"/> Assault (1st/2nd/3rd Degree)            | <input type="checkbox"/> Robbery (1st/2nd Degree)                        |
| <input type="checkbox"/> Incest                                  | <input type="checkbox"/> Assault of a Child (1st/2nd/3rd Degree) | <input type="checkbox"/> Rape (1st/2nd/3rd Degree)                       |
| <input type="checkbox"/> Indecent Exposure - Felony              | <input type="checkbox"/> Burglary (1st Degree)                   | <input type="checkbox"/> Rape of a Child (1st/2nd/3rd Degree)            |
| <input type="checkbox"/> Indecent Liberties                      | <input type="checkbox"/> Child Abandonment                       | <input type="checkbox"/> Selling/Distributing Erotic Material to a Minor |
| <input type="checkbox"/> Kidnapping (1st/2nd Degree)             | <input type="checkbox"/> Child Abuse or Neglect (RCW 26.44.020)  | <input type="checkbox"/> Sexual Exploitation of a Minor                  |
| <input type="checkbox"/> Malicious Harassment                    | <input type="checkbox"/> Child Buying or Selling                 | <input type="checkbox"/> Sexual Misconduct with a Minor (1st/2nd Degree) |
| <input type="checkbox"/> Manslaughter (1st/2nd Degree)           | <input type="checkbox"/> Child Molestation (1st,2nd,3rd Degree)  | <input type="checkbox"/> Theft (1st/2nd/3rd* Degree)                     |
| <input type="checkbox"/> Murder, Aggravated                      | <input type="checkbox"/> Communication with a Minor              | <input type="checkbox"/> Unlawful Imprisonment                           |
| <input type="checkbox"/> Murder (1st/2nd Degree)                 | <input type="checkbox"/> Criminal Abandonment                    | <input type="checkbox"/> Vehicular Homicide                              |
| <input type="checkbox"/> Patronizing a Juvenile Prostitute       | <input type="checkbox"/> Criminal Mistreatment (1st/2nd Degree)  | <input type="checkbox"/> Violation of Child Abuse Restraining Order      |
| <input type="checkbox"/> Promoting Pornography                   |  |  |
| <input type="checkbox"/> Arson (1st degree)                      |  |  |

\*(SEE PART 5 BELOW)

**2. DRUG-RELATED CRIMES**

Have you ever been convicted of a crime related to the manufacture of, delivery of, or possession with intent to manufacture or deliver a controlled substance?  
 Yes     No

**3. RELATED PROCEEDINGS:**

Have you ever been found in a dependency action, domestic relations proceeding, disciplinary board hearing, or protection proceeding to have: sexually assaulted or exploited, sexually or physically abused, a minor or developmentally disabled person OR to have financially exploited or abused a vulnerable adult?  
 Yes     No

**4. MEDICARE-MEDICAID HEALTHCARE RELATED CRIMES:**

Have you ever been convicted of any crime related to the delivery of service under Medicare/Medicaid or any state or federal healthcare program, or convicted of any crime connected with the delivery of a healthcare item or service?     Yes     No

Have you ever been judged liable for civil monetary penalties for conduct related to the delivery of services, supplies or other participation in Medicare/Medicaid or any other state or federal healthcare program?     Yes     No

Have you ever been excluded from providing services or supplies under Medicare, Medicaid or any other federal funded healthcare program?  
 Yes     No

**5. For all items checked in 1, 2, 3 and 4 above, specify the conviction or action date(s), sentence(s) or penalty(ies), imposed, prison release date(s) and current standing (e.g. parole, work release). For all items with an asterisk (\*) above, provide a description of the victim including the victim's age. Attach additional page(s) if needed.**

**6. GENERAL CONVICTION INFORMATION:**

Aside from those crimes listed above, within the past 10 years have you ever been convicted of or released from prison for any crimes, excluding parking tickets/traffic citations?     Yes     No

If Yes, indicate all conviction dates, prison release date(s) and the nature of the offense(s). Attach additional page(s) if needed.

Under penalty of perjury, I certify that the above-stated information is true, correct and complete. I understand that if I am admitted, I can be discharged for any misrepresentation or omission in the above-stated information. I understand that the University of Washington may verify this information through the Washington State Patrol or other law enforcement related agency. I also understand that admission may be conditioned on the University's receipt of a satisfactory Criminal Conviction Report from the Washington State Patrol or other law enforcement related agency.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Authorization for Repeat Background Checks and Dissemination of Results

I authorize repeat background checks and dissemination of my self-disclosure information, background check results, and conviction records to clinical training sites, whether in or outside the state of Washington, and as deemed necessary by the School of [Dentistry, Medicine, Nursing, Pharmacy, Public Health & Community Medicine, Social Work] during the completion of my academic program. I understand that the University of Washington will provide the records listed above only with the condition that the receiving party or parties will be notified by the University that they may not disclose the information to other parties, in a personally identifiable form, without my further consent unless the other parties are otherwise eligible under federal or state law to receive the records. I further understand that any statements that I have placed in my records commenting on contested information contained in the records listed above will be released along with the records to which they relate.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Dissemination of self-disclosure information, background check results, and conviction records

These records are provided to you pursuant to the above release signed by \_\_\_\_\_ [student] with the understanding, and on condition that, you not release these records to any other person or institution or entity without the further consent of \_\_\_\_\_ [student].

## Certification Concerning Criminal History Outside the State of Washington

I certify, under penalty of perjury, that I have not been convicted of any of the above-listed crimes or had findings against me concerning the above-listed proceedings outside the State of Washington.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you cannot so certify, please specify why not: