

Reapplication for Returning Students - Master of Social Work

University of Michigan School of Social Work

PLEASE TYPE

Full Legal Name _____
Last (family) First Middle

Sex: ___ Female ___ Male **Transgender (optional):** ___ Yes

Gender (optional): _____ Not Listed (specify) _____

Sexual Orientation (optional): ___ Asexual ___ Bisexual ___ Gay ___ Lesbian ___ Heterosexual
___ Pansexual ___ Queer ___ Questioning or unsure ___ Enter Your Own _____

Pronoun (optional): ___ He ___ She ___ They ___ Enter your own _____

U.S. Social Security Number ____ -- ____ -- ____ --

Place of Birth _____ **Date of Birth** _____
(City, State, Country) (mm/dd/yyyy)

Contact Info _____
Phone Phone Number Type (Mobile, Current, Permanent)

Email Address

Current (Mailing) Address (Valid until mm/dd/yyyy): _____

City State (Country) Zip/Postal/International Code

Permanent Address

City State (Country) Zip/Postal/International Code

Emergency Contact _____
Name Telephone No.

Preferred Name: _____ **Other name(s) used on prior academic records or test score reports:** _____

Are you the first in your family to complete an undergraduate degree? ___ Yes ___ No

Are you the first in your family to attend graduate school? ___ Yes ___ No

Educational Plans

Term applying for return: ___ Fall 2024 ___ Winter 2025 ___ Spring/Summer 2025 ___ Fall 2025 ___ Winter 2026

Curriculum / Program:

___ Full-Time On Campus MSW Program ___ Masters International 20 month ___ Full-Time Online MSW Program
___ Part-Time (Day) On Campus MSW Program ___ Masters International (3-term*) ___ Part-Time Online MSW Program
___ Part-Time (Eve/Weekend) On Campus MSW Program *Must be eligible for a 45-credit, three-term track

Indicate the term and year of your last enrollment in the School of Social Work (term/year): _____

No application fee required for returning students

This form is only for students who were previously enrolled in the MSW degree program at the University of Michigan and completed one or more credits of coursework prior to their withdrawal or Master's International students who are altering the standard schedule. Formerly enrolled MSW students desiring to return to the MSW program or an interruption in enrollment due to Peace Corps service must submit this reapplication form at least three months prior to the desired term of return.

Indicate all non-applicable information with N/A.

Return completed form to ssw.oss@umich.edu

Are you applying for admission to another department of this University for the same term as this application?

___ NO ___ YES

Dept. Name: _____

Citizenship:(check one)

___ U.S. Citizen

___ U.S. Permanent Resident:

Alien Registration # A _____

Country of Citizenship _____

___ Non-U.S. Citizen/Int'l Applicant:

Visa Type _____

SEVIS ID# _____

Country of Citizenship _____

Native Language _____

State of Legal Residence: _____

Educational Experience: List below in chronological order all colleges/universities attended since your last enrollment in the School of Social Work. You must request an official transcript from each college/university where graduate-level coursework was taken. Official e-transcripts may be sent to: msw.transcripts@umich.edu

Name, City, State/Province, Country of College/University Attended	Dates of Attendance		Major	Name of Degree Expected/Rec'd	Date Degree Expected/Rec'd
	From mm/yyyy	To mm/yyyy			

Work Experience: Please account fully for your work experience, including volunteer, since your last enrollment in the School. The School may use this information to contact employers.

Business/Agency Name City, State (Country)	Position Title	From mm/yy	To mm/yy	Name of Supervisor	Hours Per Week	Check appropriate box		
						Paid	Voluntary	Practicum/ Academic Credit

References: List one additional reference under either Work or Academic/Personal Reference. We will notify you if a reference form will be required from this person.

Full name & email address	Business name, address, and phone number of each recommender	Connection in Which Known?	How long known
Work Reference			
Academic/Personal Reference			

Curriculum Planning: Returning students should meet with the MSW Program Director to plan for remaining program requirements. Please indicate below your curriculum selections based on your last enrollment in the MSW Program. If you are changing your selection significantly since your last enrollment, please include a brief statement indicating the reasons for the change(s).

Practice Method Concentration: Please indicate below your curriculum selections based on your last enrollment in the MSW Program.

<input type="checkbox"/> Interpersonal Practice	Practice Area:	Practice Method (Minor) optional:
<input type="checkbox"/> Community Organization	<input type="checkbox"/> Aging in Families and Society	<input type="checkbox"/> Interpersonal Practice
<input type="checkbox"/> Management of Human Services	<input type="checkbox"/> Children & Youth in Families and Society	<input type="checkbox"/> Community Organization
<input type="checkbox"/> Social Policy & Evaluation	<input type="checkbox"/> Community & Social Systems	<input type="checkbox"/> Management of Human Services
	<input type="checkbox"/> Health	<input type="checkbox"/> Social Policy & Evaluation
	<input type="checkbox"/> Mental Health	

Pathway: Please indicate below your curriculum selection based on your current MSW Program pathway.

☐ Community Change
☐ Global Social Work Practice
☐ Interpersonal Practice in Integrated Health, Mental Health, and Substance Abuse
☐ Management & Leadership
☐ Policy & Political Social Work
☐ Program Evaluation and Applied Research
☐ Social Work Practice with Older Adults and Families from a Lifespan Perspective
☐ Welfare of Children & Families

Dual Degree Programs

Please indicate if you are also applying to any of the programs/schools listed below: (Note: You must contact each School/Dept. and complete their application materials.)

<input type="checkbox"/> College of Architecture & Urban Planning (00833) MSW/MUP	<input type="checkbox"/> School of Information (02013) MSW/MSI
<input type="checkbox"/> School of Business Administration (00830) MSW/MBA	<input type="checkbox"/> School of Public Health - Health Beh/Health Ed MSW/MPH
<input type="checkbox"/> Joint Doctoral Program in Social Work & Social Science (01094)	<input type="checkbox"/> School of Public Policy (00832) MSW/MPP
<input type="checkbox"/> School of Law (01418) MSW/JD	
<input type="checkbox"/> Student Initiated Combined Degree Program, please specify _____	

Master's International Students ONLY:

Are you requesting to extend your Peace Corps service? ☐ YES ☐ NO

If yes, have you discussed this plan with the SSW Office of Field Education (OFE)? ☐ YES ☐ NO

Please select the circumstances for your departure if you ended your Peace Corps Service early:

☐ Resignation ☐ Medical Separation ☐ Administrative Separation ☐ Interrupted Service

Plans for Meeting Expenses

Do you plan to apply for financial aid? ☐ YES ☐ NO

Please consult the School website at ssw.umich.edu/admissions/msw/financial-aid for further information on financial aid and for financial aid application materials/forms. Contact the Office of Student Services at (734) 936-0961 or ssw.oss@umich.edu with any questions.

How many credit hours have you completed toward the MSW degree? _____

Projected MSW graduation date: _____

Use the space below to briefly recap your reasons for withdrawing earlier from the MSW program and outline your plans for completion of the MSW degree, including any required field placement credit hours. (Attach an additional sheet if necessary.)

Master's International Volunteer Program students: Use the space below to briefly recap your reasons for seeking to alter the standard schedule and outline your plans for completion of the MSW degree, including any required field placement credit hours. Master's International students who departed early from the Peace Corps (for any reason) must include a brief explanation of the circumstances around the early departure. (Attach an additional sheet if necessary.)

I certify that I have answered all of the questions completely and truthfully. I understand that omission of information or misrepresentation of any portion of this application, including supporting credentials and documents, may result in revocation of admission. I also understand that all credentials and documents that I submit become the property of the University of Michigan.

☐ **Signature** (check to sign)

Date

Release of Contact Information

____ **Yes.** I grant permission to the School of Social Work to share my name, contact, and demographic information with School of Social Work student organizations so that they may contact me regarding their organization and related events.