



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



BACHELOR OF SCIENCE  
 IN  
 APPLIED MATHEMATICS

**Requirements:**

All other courses in the major must be completed with a grade of C or better.

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Name \_\_\_\_\_ Date \_\_\_\_\_

*Program Information*

Applied Mathematics	20
Mathematical Computing	20
Mathematical Modeling	20

*Personal Information*

Name \_\_\_\_\_ SSN# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Other \_\_\_\_\_

**Attach a personal narrative (**

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*Demographic Information (optional)*

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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

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*Background Information*

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Have you ever been arrested?  Yes  No

Have you ever been convicted of a crime? (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_  Yes  No

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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*Ethical Agreement*

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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 hereby acknowledge (check all that are applicable):

- I have health insurance
- I have dental insurance
- I have vision insurance

Wichita State University  
1600 Seward St  
Wichita, KS 67260  
785-843-4000

Practicum Statement

I shall be  
in the  
office  
at  
12:00

at

12:00

December 1<sup>st</sup>. At 12:00

Disabilities / Modifications

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reasonable accommodations.

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12:00

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# BSW Certificate Program in Social Work and Addiction

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Rank:  F  S  h  S

Current WSU Student?  Y  N \_\_\_\_\_

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

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

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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

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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