



PROGRAM INFORMATION

The CSUB MSW program is fully accredited by the Council on Social Work Education (CSWE). The CSUB Social Work program offers enrollment to qualified students during the fall term only. Please see the program of study on our [website](#) for the sequence of courses.

The application for Fall 2024 will become available on **October 1, 2023**, and will close on **March 1, 2024**. All applications will be reviewed after the deadline.

Incomplete and late applications will be reviewed only at the department's discretion. Applicants must complete each item in the application packet. *Write N/A (not applicable) in any spaces that do not apply—do not leave any items blank.* The Department plans to conclude the notification process in April 2024. Additional admissions may be granted after that date if space becomes available.

All students needing financial assistance are encouraged to apply for financial aid via the CSUB Office of Financial Aid and Scholarships. The web site dedicated to the Office of Financial Aid and Scholarships has detailed information helpful to anyone interested in financial aid: www.csub.edu/FinAid. Please contact the Office of Financial Aid and Scholarships at 661-654-3016 for additional information.

APPLICANT CHECKLIST

Before mailing your application, please make sure you fill out the application form completely and check the following points:

- Bachelor's Degree from an accredited college or university
- A GPA of at least 3.0 on a 4-point scale in the last 60 semester units or 90 quarter units attempted is preferred. A GPA from 2.5 to 3.0 may be considered, at the department's discretion. **If the GPA is below 3.0**, please attach a separate page with your application explaining why you believe your application should be considered despite the low GPA. Applications with a GPA below 2.5 will not be considered.
- Transcripts:
 - ✓ One official transcript showing all undergraduate and graduate coursework from each institution attended must be submitted with your application. We would suggest you have all transcripts sent to yourself and submit unopened copies along with your application in one packet.
 - **If you graduated with your BA/BS degree from CSU Bakersfield, please skip this step – you will be contacted if any further transcripts are needed.**
 - ✓ If submitting digital transcripts, please have them sent to dptranscripts@csub.edu
 - ✓ Please submit foreign transcripts in the original language accompanied by a certified English translation. Foreign transcripts must be professionally evaluated by a reputable company. A suggested list of companies that evaluate foreign transcripts is found at: <http://www.ctc.ca.gov/credentials/leaflets/cl635.pdf>
- \$70 Application/Evaluation Fee
 - ✓ Forms of payment accepted:
 - Check or money order made payable to "CSU Bakersfield".
 - Visa or MasterCard
 - Complete attached payment form and include with application.
- Three MSW Graduate Reference Forms
 - ✓ Reference forms must be submitted in a sealed envelope with the signature of the referee on the back flap or emailed directly to dpreferences@csub.edu from the referent.
 - ✓ All references must be professional – supervisors and/or faculty are preferred.

NONDISCRIMINATION POLICY

EEGO does not discriminate on the basis of race, color, national origin, sex, physical handicap, or sexual orientation in the educational programs or activities it conducts. Students admitted with physical, perceptual or learning disabilities will be given necessary accommodations provided that their disability has been verified by the CSUB Office of Services for Students with Disabilities (661-654-3360).



- Resume
 - ✓ Please create a resume using one section for employment history (paid experience) and another section for volunteer history (unpaid experience). Provide a summary of your experiences during the last six years that relate to the broad field of human services and education. Please do not include other items on your resume.
 - ✓ List the items in reverse chronological order (most recent first). For each experience, identify the name of the organization; whether the organization was a government agency, not-for-profit, or for-profit; the community where you worked; the dates of service; the typical number of hours each month; and a summary of the duties performed.

 - Employment/Volunteer Verification Letter
 - ✓ For each experience include a signed letter of verification. Each letter should be signed by the approved person at your agency and should include the agency address, agency name, agency dates, employee title, employee job description, employee current salary, employee rehire eligibility status, name and job title of the person signing the form, and reason for termination.

 - MSW Writing Proficiency Exam
 - ✓ To prepare for the Exam, review the below prompt. Applicants will write a response to this prompt during their exam.
 - **WRITING PROMPT:** Provide a personal statement that describes your interest in social work. Your essay shall be two pages double-spaced (using 1-inch margins and 12-point Times New Roman Font) and should address the following:
 - Significant personal, academic, and /or professional factors influencing your decision to pursue a Master of Social Work degree.
 - Relevant personal, academic, and/or professional experiences, qualities, and/or abilities that will contribute to your overall success as a graduate student and in the social work profession.
 - Your career goals, commitment to social change (or justice), and interest in particular social work issues, including specific populations.
 - Specific reasons CSUB Department of Social Work is a good fit for your educational and professional goals.
- DO NOT SUBMIT WITH YOUR APPLICATION. The Exam will be offered at the CSUB AV campus with room, time, and dates TBA. Please check <https://extended.csub.edu/programs/master-social-work-av> for updates.**
- Signed MSW Technology Contract (included in this application packet)

Submit all application materials to:

CSUB EXTENDED EDUCATION
9001 Stockdale Highway – 30BDC
Bakersfield, CA 93311-1022

Admission to the Extended Education degree program does not constitute admission to the CSUB Main Campus degree program. Students planning to attend classes on the Main CSUB campus should contact the Extended Education Degree Programs Office for more information. If you have any questions regarding this application, need information concerning the program or program criteria, please feel free to contact us at 661.654.2441.



CALIFORNIA STATE UNIVERSITY
BAKERSFIELD

**Extended
Education**

DEGREE PROGRAM APPLICATION

Attach a non-refundable \$70 application fee payable to CSUB.
Response to each item is mandatory unless otherwise indicated.

FOR OFFICE USE ONLY:

Check #: _____ Date Received: _____

APPLICATION TERM: Spring 20_____ Summer 20_____ Fall 20_____

LEGAL NAME:

Last: _____ First: _____

Middle: _____

OTHER NAME(S) THAT MAY APPEAR ON YOUR ACADEMIC RECORDS:

Last: _____ First: _____

Middle: _____

Last: _____ First: _____

Middle: _____

BIRTHDATE: _____/_____/_____

SEX: Male Female Other

SOCIAL SECURITY #: _____/_____/_____

CSUB ID # (if applicable): _____

CSUB NET ID (if applicable): _____

MAILING ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____ Country: _____

IF A RESIDENT OF CALIFORNIA, PLEASE LIST YOUR COUNTY OF RESIDENCE: _____

PHONE: _____ **EMAIL:** _____

HOW DID YOU HEAR ABOUT US?

CSUB Website Google/Online Search TV or Radio Social Media Word of Mouth

Other: _____

FOR OFFICE USE ONLY

Overall GPA: _____ Last 90 GPA: _____ Units Completed: _____ NET ID: _____

Degree: _____

ACCEPTED DENIED _____

PRINT THE NAMES AND LOCATIONS OF ALL INSTITUTIONS ATTENDED. ATTACH A SEPARATE SHEET IF YOU NEED MORE SPACE.

School Name	State	Dates Enrolled: From - To	Degree Awarded:

ARE YOU ELIGIBLE TO RE-ENROLL AT ALL INSTITUTIONS PREVIOUSLY ATTENDED? Yes No (if not, please attach explanation)

JOB TITLE (if applicable): _____

EMPLOYER (if applicable): _____

COUNTRY OF CITIZENSHIP (all must answer): _____

USE THE OPTIONS LISTED BELOW TO PROVIDE YOUR CITIZENSHIP CODE: _____

Y: U.S. Citizen R: Refugee/Asylum F: F Visa (student) J: J Visa I: Immigrant I-551 ("green card") N: None of the above

If I: Immigrant I-551 ("green card"), please provide the date issued and be prepared to show proof: _____

IF YOU WERE BORN OUTSIDE OF THE U.S., WHAT YEAR DID YOU MOVE TO THE U.S.? _____

PLEASE CHOOSE THE ONE BEST CATEGORY TO DESCRIBE YOURSELF FROM THE LIST BELOW (1-8): _____

- | | | | |
|---------------------------------|------------------------------|--------------------------|-----------------------|
| 1. American Indian or Alaskan | 2. African American or Black | 3. Asian or Asian Indian | 4. Caucasian or White |
| 5. Hawaiian or Pacific Islander | 6. Hispanic or Latino/a | 7. Two or More Races | 8. Decline to State |

If you identified Hispanic or Latino/a, please indicate your family origins (e.g., Mexican, Guatemalan, etc.):

If you identified Two or More Races, please indicate up to five races (not including Hispanic or Latino/a). Choose from race categories 1-5 above:

PLEASE INDICATE YOUR CURRENT U.S. MILITARY STATUS (1-5): _____

- | | | | |
|---|--------------------------|-------------------|------------|
| 1. Active Duty Military Member | 2. National Guard Member | 3. Reserve Member | 4. Veteran |
| 5. Not in the U.S. Military and not a Veteran | | | |

PLEASE INDICATE YOUR CURRENT U.S. MILITARY DEPENDENT STATUS (1-5): _____

- | | | |
|--|---|----------------------------------|
| 1. Dependent of an Active Duty Military Member | 2. Dependent of a National Guard Member | 3. Dependent of a Reserve Member |
| 4. Dependent of a Veteran | | |
| 5. Not a dependent of a U.S. Military or Veteran | | |

CERTIFICATION – TO BE READ AND SIGNED BY ALL APPLICANTS TO CERTIFY THE ACCURACY OF THE INFORMATION PROVIDED

I certify under penalty of perjury under the laws of the State of California and the United States that I have provided complete and accurate responses to the items on this application. I further certify that all official documents submitted in support of this application are authentic and unaltered records that pertain to me. I authorize the California State University to release any information submitted by me in connection with my application to any person, firm, corporation, association, or government agency to verify or explain the information I have provided, to obtain other records necessary for my application, or in connection with perjury proceedings. My signature certifies the accuracy and completeness of the information provided. I understand that any misrepresentation may be cause for denial or cancellation of admission or enrollment. I certify that so long as I am a student at this institution, I will advise the residence clerk if there is a change in any of the fact affecting my residence.

APPLICANT'S SIGNATURE

CITY AND COUNTY

DATE

You are required to include your social security number (or taxpayer identification number) on admission application forms to all CSU campuses pursuant to Section 41201, Title 5, Code of California Regulations and Section 6109 of the Internal Revenue Code. CSU campuses use the social security number to identify your student records maintained in your association with the campus and, if needed, to help collect debts owed the university. Your social security number may be written on your application fee check to facilitate the processing of your fee payment. Also, the Internal Revenue Service requires the university to file information returns that include the student's social security number and other information such as the amount paid for qualified tuition, related expenses, and interest on educational loans. That information is used to help determine whether you, or a person claiming you as a dependent, may take a credit or deduction to reduce federal income taxes. If you do not have a social security number at the time you file the application, you may leave the item blank and the campus will assign a temporary number. However, you are required to obtain a social security number and submit it to the university by the time you begin enrollment. Failure to furnish your correct social security number may result in the imposition of a penalty by the Internal Revenue Service.



LEGAL NAME:

Last: _____ First: _____

Middle: _____

EMERGENCY CONTACT: _____ **PHONE NUMBER:** _____

Please list each language, other than English, in which you are fluent, and indicate whether you can read, write, and speak each language. Also, please indicate if you are certified as a translator for each language, and if so, provide a copy of the certification.

Language	Speak	Read	Write	Certified Translator

List the names of persons from whom you have requested references. *References from family or friends will not be accepted.*

Name of Reference	Title	Email Address

HOW DID YOU HEAR ABOUT OUR PROGRAM? (Check all that apply)

- CSUB Alumnus
 Current CSUB Student
 Co-Worker
 CSUB Website
 Friend
 Social Media
 Other: _____

FELONY & MISDEMEANOR CONVICTIONS (This information is MANDATORY)**

Have you ever been convicted of a criminal offense (felony or misdemeanor) other than a minor traffic violation?

- Yes No

If yes, please describe the offense in detail on a separate sheet of paper. Please include the date, nature, and outcome of each conviction including all information regarding fines, restitution, sentencing, and/or rehabilitation.

** Your conviction of a misdemeanor or felony may not preclude your acceptance into the MSW program. However, admission into the MSW program does not guarantee acceptance by an agency for field education practicum. The law requires some agencies to conduct criminal background checks and/or drugs screens of all employees, interns, and volunteers. Thus, some agencies may not accept you for placement if you have criminal convictions or a positive drug test, and limited choices for completing the required field education practicum could impede or even block your ability to complete the MSW program. In addition, the California Board of Behavioral Sciences imposes certain restrictions on approval of professional licenses to practice clinical social work based on past convictions. Please understand that expunged or sealed convictions may appear on your criminal record. The Social Work Department will take your declaration at face value when considering your application. Should subsequent reviews, such as a criminal record check by a placement agency, result in undisclosed criminal records, the department will have the right to respond commensurately. The student's right to appeal are unaffected.

REQUIREMENTS FOR FIELD EXPERIENCE

Please note that all students are required to spend twenty hours per week in a field placement for two years while in the MSW program. Field placements are only available during the typical workweek, not on evenings or weekends. Every effort will be made to find a local field placement for students who live outside the Bakersfield area. Students who anticipate requesting approval to complete an internship in their places of employment must submit a letter of support from the employer along with their application.

I hereby certify that I am available for internship in accordance with the Department of Social Work policy.

APPLICANT'S SIGNATURE

DATE

I anticipate requesting approval to complete my internship at my place of employment. Yes No

If yes, submit a letter of support from the employer according to the instructions on the Department of Social Work website.

AREAS OF INTEREST? (Check all that apply)

- Child Welfare Criminal Justice Generalist Gerontology Medical Social Work
 Mental Health Other: _____

I hereby certify that the answers and statements contained in this application are true to the best of my knowledge and belief. I further certify that the personal statement is entirely written by me.

APPLICANT'S SIGNATURE

DATE



LAST: _____ FIRST: _____

Applicant: Ask your reference to return the letter to you in a sealed envelope with his/her signature across the seal. Do not open the envelope or break the seal. Submit the sealed envelope with your application. Opened references will not be accepted. Alternatively, your reference can scan and email the reference to dpreferences@csub.edu. The reference must come from their email address directly.

TO BE FILLED OUT BY CANDIDATE BEFORE THIS FORM IS GIVEN TO THE REFERENT

I am aware of the provisions of the Family Education Rights and Privacy Act. I hereby authorize the release of the information above to CSU Bakersfield. I realize that I will not view nor be informed of this evaluation form.

Signature: _____ Date: _____

TO THE REFERENT:

The above named person is applying for admission to the MSW program in the Department of Social Work, California State University, Bakersfield, and has given your name as a reference. The program seeks students who have demonstrated potential for graduate academic work as well as commitment to the welfare of all people, but especially to vulnerable and underserved populations. The MSW program is designed to prepare graduates for early assumption of professional social work leadership. Desirable qualities include the capacity to assume ongoing responsibility for learning and the ability to identify and analyze problems and develop solutions to address human needs. Please provide a candid assessment of this applicant regarding his/her suitability for our program. You may attach a separate letter with this form if you prefer. Your statements will be held in confidence.

1. Approximate dates, length of time you have known or worked with the applicant and nature of your relationship with the applicant.

2. Please rate the applicant relative to other students, employees or people interested in social work:

	Exceptional (top 5%)	Superior (next 5%)	Good (next 20%)	Average (next 20%)	Below Average (bottom 50%)	Unable to Rate
Academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to think critically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please assess the applicant's potential and promise as a social work professional (attach separate paper if needed).

4. I would: Recommend With Enthusiasm Recommend Recommend With Reservation Not Recommend

Please provide your contact information so that we may contact you if we need clarification:

Print Name: _____

Position: _____

Telephone: _____

Email: _____

Signature: _____

Date: _____

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Thank you for your application to the CSUB Master of Social Work Degree Program. Our program is offered in a hybrid format so some of your courses will be offered completely online. The technology statement is a required part of the admissions packet in order to ensure applicants have the technology skills necessary to interact with colleagues, students and instructors in an online environment. In addition to academic preparations, students in the Master of Social Work Degree program need to have personal access to a computer and the Internet in order to complete classes.

Technology success in the program includes the ability to:

1. Access the Internet; including performing searches, setting bookmarks, following links, and saving a web page. Have the ability to apply electronic search strategies, including the use of keyword searches and using Boolean operators; adhere to software licensing agreements and comply with copyright law and guidelines; locate/ retrieve information from remote sources; including using distant data for analysis.
2. Perform the following operations in a word processing program: copy, cut and paste, change size/ style, spell check text, format paragraph text; create: columns, tables, margins, and tab settings.
3. Use varied communication tools (e-mail, fax, chat, and threaded discussions) to participate in group projects.
4. Participate in electronic communities as a learner, initiator, contributor, or mentor.
5. Use multiple technology tools; including CD/DVDs, video cameras, scanners, digital cameras, etc.
6. Use e-mail; including send/receive, forward/reply, save/ archive, create/use address books, and send attachments.

Program general technology requirements:

1. LiveText Software (2005), LiveText, LiveText Student Membership
2. Download a "no cost" copy of the current version of **Adobe Reader** in preparation for reading assignments.
3. It is recommended that students have Microsoft Office (Word, Excel and PowerPoint). Students may purchase the student/teacher edition from many retailers. Documents created using Microsoft Works are not accepted for any reason.
4. Back up course work on a daily basis; disk failure or other loss of data is not an excuse when completing course work.

By signing below, I acknowledge that I understand that I am applying for admission to an online distance education program and believe I am able to work successfully in an online environment.

Applicant Name: _____ Date: _____

Applicant Signature: _____



TERM: Fall Spring YEAR: _____
 Summer Winter YYY

CSUB ID #: _____

BIRTHDATE: _____

FIRST: _____ M.I.: _____ LAST: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

PHONE: _____ EMAIL: _____

PAYMENT METHOD

Payments must be submitted to Extended Education & Global Outreach (EEGO) at the address listed above or online via myCSUB.

WE DO NOT ACCEPT PAYMENTS VIA PHONE, FAX OR EMAIL.

FINANCIAL AID TYPE: _____

CHECK, MONEY ORDER, OR CERTIFIED CHECK #: _____ Amount: \$ _____

CREDIT CARD: Visa MasterCard

Card #: _____ Expiration Date: _____ CC Zip Code: _____

Name on CC: _____ Cardholder Signature: _____

Amount Authorized: \$ _____

I agree to abide by the academic, payment & refund policies governing these courses as printed in the CSUB Catalog. If my payment by credit card, check, or financial aid is not paid by the bank, I am still responsible for all course fees. I authorize the Extended Education & Global Outreach to change my record, if necessary, to reflect the above information.

Student's Signature: _____ Date: _____

For Office Use Only (Initial and Date)

Received By

Processed By

Receipt #

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Title IV-E CalSWEC Application

The title IV-E CalSWEC Program provides two options:

1. Part-time – available only to students who are employed throughout the MSW program by a public child welfare agency in California – normally the County Child Welfare Department. This option provides reimbursement for tuition, books, and travel up to a specified limit.
2. Full-time – available only to students who are NOT employed throughout the MSW program by a public child welfare agency in California. This option provides a stipend of \$18,500 per year.

All participants in the Title IV-E CalSWEC Program incur an obligation to work in public child welfare – normally a County Child Welfare Department – for one calendar year per year of support received.

Please complete the following application supplement if you would like to apply for financial assistance from the Title IV-E CalSWEC Program. This application is only open to incoming CSUB MSW students for Academic Year 2024-25.

Title IV-E CalSWEC Application

Please complete this application supplement if you would like to apply for financial assistance from the CalSWEC Title IV-E Program for Public Child Welfare Services.

Name: _____

Permanent Address (Notifications will not be sent until after spring graduation)

Street: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

GPA: _____

CalSWEC assistance you are applying for (Must match the program you checked on the MSW Application):

- Full-time (\$18,500 a year for 2 years)
- Full-time Advanced Standing (\$18,500 a year for 1 year)
- Part-time* (Available only to current Public Child Welfare Services employees.)
Provides reimbursement for tuition, books, and travel up to a specified limit.

Citizenship: USA Permanent resident Other (specify) _____

How would you describe your ethnicity? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> African American/ other Black (non-Hispanic) | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Mexican American | <input type="checkbox"/> American Indian/Native American
Tribe Affiliation (optional): _____ |
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> White |
| <input type="checkbox"/> Other Latino/Hispanic | <input type="checkbox"/> Other (Specify): _____ |
| <input type="checkbox"/> Asian American | |

Do you have any experience working in public child welfare? Yes No

If yes, please list the dates of employment, name of the agency and your job title:

Full-Time CalSWEC students are required to do the concentration year internship in a **PUBLIC** child welfare agency. Please indicate your order of preference for county placement (1=most preferred, 2=less preferred, etc.). NOTE: this does not guarantee your placement in a specific county – all students should prepare to complete their internship in Kern County if no other county placements are available.

_____ Kern County _____ Tulare County _____ Los Angeles County
_____ Other County (please indicate:) _____

Do you have a valid California Driver’s license? Yes No

If no, explain:

Have you ever been convicted of a crime involving harm to children? Yes No

If yes, attach a detailed explanation.

Have you been convicted of any misdemeanors or felonies? Yes No

If yes, attach a detailed explanation.

Submit the following for a complete application:

1. **Statement of Interest-** On a separate piece of paper, provide a one-page statement of your interest in working in public child welfare. Include any academic work, volunteer work, or employment experience that relates directly to child welfare.
2. **Proof of legal residency-** (a copy of your birth certificate, U.S. Passport, or INS permanent residency form)
3. **A copy of your valid driver’s license**
4. **A copy of the registration** for the vehicle you will drive while in your internship
5. **A copy of car insurance**
6. **If you are applying for part-time CalSWEC assistance, also provide a letter of support**, which meets CalSWEC requirements, from your employing public child welfare agency. The head of your employing agency should be familiar with the elements required in the letter.

Obligations of CalSWEC Recipients

- Enroll in prescribed courses, including child welfare electives.
- Maintain enrollment in the MSW program and complete the program within the agreed time frame.
- Maintain at least a 3.0 average in all coursework.
- Successfully complete and receive credit for field placements.
- Maintain a valid California driver's license.
- Maintain access to legally operable vehicle while enrolled in the internship.
- Maintain automobile insurance while enrolled in the MSW program.
- Honor the work commitment after graduation as stipulated in the contract.
- Maintain professional liability insurance while enrolled in the MSW program.
- Disclose any previous or subsequent conviction of any crime that disqualifies individuals from employment at a public Child Welfare agency in California.

I hereby certify that the information I have provided in this application and any attachments is accurate. I further certify I understand that the CalSWEC program is designed to recruit social workers to public child welfare services in California, and I will fulfill my obligation to secure appropriate employment in Public Child Welfare Services in California upon graduation. I understand that CalSWEC assistance is taxable income. I certify my understanding of and commitment to fulfilling the obligations of students in the CalSWEC program.

Signature

Date