LIVL MASTER OF SOCIAL WORK

YOUR NAME Email address

 Total Number of Field Practicum Human Service Hours (if applicable):

 Total Number of Social Work-Related Volunteer Service Hours:

 Total Number of Paid Social Work Employment Service Hours:

Education

University or College	Graduation Month Year
School/College of	
BS/BA in	
 Minor if applicable 	
 Certificate(s) if applicable 	
Practicum Activities (Advanced Standing applicants only)	
Practicum Title/Role, Agency/Organization, City, State	Month Year to Month Year
Name, telephone number and email address of immediate supervisor	
 Job responsibilities 	
 Description of populations worked with/served 	
 Number of hours per month 	
Volunteer Activities with Social-Work Related Organizations	
Volunteer Title/Role, Agency/Organization, City, State	Month Year to Month Year
Name, telephone number and email address of immediate supervisor	
 Job responsibilities 	
 Description of populations worked with/served 	
 Number of hours per month 	
Social Work-Related Employment Experience	
Your Title/Role, Agency/Organization, City, State	Month Year to Month Year
Name, telephone number and email address of immediate supervisor	
 Job responsibilities 	
 Description of populations worked with/served 	
 Description of populations worked with served Number of hours per month 	
 Number of hours per month 	For example:
 Number of hours per month Leadership/Honors/Achievements 	For example: Fall 2023
 Number of hours per month Leadership/Honors/Achievements Please list any leadership, honors, or extracurricular activities below. I 	*

Additional Distinctions/Information Demonstrative of Qualification for MSW Admission

At the discretion of the applicant