



**WESTERN MICHIGAN UNIVERSITY**  
College of Health and Human Services  
School of Social Work

**APPLICATION FOR:  
RECOMMENDATION FOR TEMPORARY APPROVAL AS A  
SCHOOL SOCIAL WORKER (SSW: 310)**

Applicants must complete the following application in its entirety.

Name: \_\_\_\_\_ Social Security #(last 4 digits): \_\_\_\_\_

Current Home Address: \_\_\_\_\_  
Street Address

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

\_\_\_\_\_  
Work Phone Home Phone E-mail Address

\_\_\_\_\_  
Date of Graduation from WMU Social Work Concentration

**Social Work Internship or Practice Experience**

*Please provide information about 500 hours of MSW supervised, direct practice experience with children and their families.*

Agency	School Social Work? (yes or no)	Total Hours	Date Completed



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**Required Coursework**

<b>Course #</b>	<b>Graduate Level Course Title</b>	<b>Grade</b>	<b>University</b>	<b>Date Completed</b>
	Policies and Standards in School Social Work (SWRK 6200 or equivalent)			
	Assessment for School Social Workers (SWRK 6210 or equivalent)			
	Interventions for School Social Workers (SWRK 6220 or equivalent)			

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

(Last revised 10/21/2022)