

Application for Social Work (SWK)  
and Pre-Social Work (SWKW)

Please fill out all information

Name \_\_\_\_\_ (circle) M F Banner # \_\_\_\_\_

Local Address \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (local) \_\_\_\_\_ (cell) \_\_\_\_\_

Ethnic Identification (please check) White \_\_\_\_\_ Afr Am \_\_\_\_\_ Hispanic \_\_\_\_\_

Nat Am \_\_\_\_\_ Asian Am \_\_\_\_\_ Other \_\_\_\_\_

E-mail Address \_\_\_\_\_ (if other than Buffalo State email)

Print legibly

Please check one of the following

Anticipated Graduation Date

\_\_\_\_\_ Full time

\_\_\_\_\_ Part time

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PLEASE NOTIFY THE DEPARTMENT OF ANY STATUS/NAME/ADDRESS/EMAIL CHANGE