



	Post Ma	sters – PPSC Application Fori	m	
Full Name:				
i uli Name.	Last	First		M.I.
A 1.1				
Address:	Street Address			Apartment/Unit #
	City		State	ZIP Code
5:		A11		
Home Phone:		Alternate Phone:		
Email:				
Liliali.				
Application Period:				
Name of School				
where you earned you Masters of Socia	I			
Work degree:		Graduat	tion Date:	
		d your MSW, you are not eligible to app		
Р	Program (please see our	FAQ's or contact socialwork-post-master	ers@sjsu.edu	for more information).
I am reques	ting a course waiver for	SJSU's ScWk 263 (Social Work and the	e Law). If yes,	please include the
	course syllabus for our		, , ,	
I am requesting a waiver for my internship hours. (Only applicable if you held a Certificate of Clearance at the time of the school field experience). If yes, please email to request the Field Internship Waiver Form and attach				
<u>he</u> re	, ,	,, p	, .	
☐ Yes ☐ I				
I have an int ☐ Yes ☐ I	ternship site already arra No	anged		
If yes, pleas	e provide name of the se	chool:		
	ddress of the school: ntact person and contact	information (email and phone):		
I am current	ly working in a school			
☐ Yes ☐ I	No	aha ali		
Complete ad	e provide name of the so ddress of the school:			
Name of cor	ntact person and contact	information (email and phone):		
December 21 - 100	- 27 			lum danatan dan d
confirm that I have ea	arned a Masters of Socia	ne application information I have provident al Work (MSW) degree and that this deg	ree is require	d to be in the PM-
PPSC program at SJ PPSC."	SU. I also understand the	nat I must follow the policies and proced	lures required	for me to earn the
☐ I agree				
☐ I do not a	agree			
Signature:		Date:		