Application for Group Work Sub-specialization

Name: ___________________________  Phone Number: ___________________________
Loyola Email: _____________________  Permanent Email: _______________________

Program Status: 5-Year Program____ 1st Year MSW____ 2nd Year MSW____ Full-time____ Part-time____
Anticipated Graduation Date: ___________________________
Anticipated Concentration: Children & Families___ Health___ Mental Health___ LDSS___ Schools___
Dual Degree (specify program): ___________________________
Advisor Name: ___________________________

Field Placements:

Past Field Placement: _____________________________________________________________

  Describe any Group Work experiences at this field placement:

Current Field Placement: ___________________________________________________________

  Describe any Group Work experiences at this field placement:

Desired Setting and/or Population for 2nd year Field Placement: __________________________

  If you have already secured a 2nd year field placement, please identify projected Group Work opportunities:
Please describe any Group Work experiences outside of field placements.

How do you anticipate using Group Work in your social work career?

What knowledge or skills do you hope to develop through the Group Work Sub-specialization?