**Colorado Mesa University**

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 **MSW Handbook Agreement Form**

Please read the following agreement form as an understanding of social work expectations. This form indicates you are willing and able to follow all of the NASW code of ethics, policies, and obligations of all governing bodies associated with social work.

Please sign and return this form to the MSW Program Director by the end of the first week, of the fall semester, that you begin the MSW program.

In keeping with the academic, program and professional standards and requirements described in this handbook, carefully and honestly answer the following questions:

1. I have read and will adhere to the professional expectations set forth in the

MSW Student Manual, MSW Practice Education Manual, NASW Code of Ethics,

and across all social work syllabi. Yes\_\_\_ No\_\_\_

1. I have read and will adhere to the NASW Code of ethics in class and practice. Yes \_\_\_ No\_\_\_
2. I have read and understand the Policies and Procedures outlined in the MSW

Student Manual and will adhere to these expectations. Yes\_\_\_\_No\_\_\_

1. I have read and will adhere to all CMU policies and procedures. Yes \_\_\_ No\_\_\_
2. I understand I am expected to follow all state/federal laws as part of my

professional development and expectations in social work. Yes\_\_\_\_No\_\_\_

1. I understand I am expected to develop the CSWE Core Competencies and

practice behaviors as part of my academic and professional development.

These skills are required for graduation from the MSW program at Colorado

Mesa University and for independent practice after graduation. Yes\_\_\_\_No\_\_\_

1. I understand that social work concepts, populations, discussions, and practice

may evoke strong emotional responses. I understand it is my responsibility to

seek out professional help if/as needed throughout this program. Yes\_\_\_\_No\_\_\_

1. I understand that if I fail to meet these expectations, I may be expected

to engage in a corrective action plan and may be terminated from the

MSW program. Yes\_\_\_\_No\_\_\_

**Students Typed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*Your signature testifies that the above answers are truthful and that you are ready to start your Practice Education Experience