



205 Peters Hall
1404 Gortner Avenue
St. Paul, MN 55108
612-624-4231



BSW Consortium Information Form

Date _____

Name _____

College Address and Phone Number _____

Permanent Address and Phone Number _____

Email Address _____

Year in school (Sr., Jr.) _____

Major/Minor _____

Enrollment Status (full-time/part-time, not enrolled) _____

Semester/year started IV-E Child Welfare grant _____

Adviser _____

Academic Awards and Honors _____

Anticipated Graduation Date and Degree _____

Age _____

Ethnicity (circle): African-American, Asian or Pacific Islander, Chicana/o or Latina/o,
Native American/American Indian, White/Caucasian-American, Hispanic, Other.

