Name: ____________________________________________________________________________________________________________

Email: ___________________________ Permanent Address: ________________________________________________________________

NOTE: THIS SUB-SPECIALIZATION IS AVAILABLE FOR FULL-TIME FIRST SEMESTER FALL STARTS ONLY. STUDENTS MUST PURSUE THE MENTAL HEALTH SPECIALIZATION TO BE IN THIS PROGRAM.

1. Please describe your current interests in social work in criminal justice settings or with populations that are justice system involved.

2. Describe any prior volunteer, work, or personal experience you have with justice system involved populations.
3. What are the areas you hope to develop through the sub-specialization?

4. How does the sub-specialization relate to your post-graduation professional goals?

5. If you indicated an interest in the forensic mental health sub-specialization, what type of field placement do you hope to secure?

Return Form to: Dr. Michael Kelly, Admissions Director, at mkell17@luc.edu or 12th floor mailbox Lewis