



## SOCIAL WORK HYBRID PROGRAM STATEMENT OF INTENT

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Thank you for your interest in Lewis-Clark State College: Social Work Program's hybrid option. This statement of intent allows students to acknowledge commitment to the hybrid option and allows faculty to review eligibility requirements.

**Prior to enrolling in 300 level Social Work hybrid courses, please complete this form to be considered as a hybrid student. Please email your completed Statement of Intent to the Social Work Program at [socialwork@lcsc.edu](mailto:socialwork@lcsc.edu).**

### Reason for Applying

**In order to ensure enrollment qualifications are met please check all of the reasons that you are interested in enrolling in the Hybrid Program:**

- It allows me to work full-time
- It allows me to work part-time
- It allows me to care for dependents or elders during the day
- It reduces my barriers to education due to distance

Other – Please give reason:

### Personal Information

Last Name:

First Name:

M.I.

LCSC Student ID:

Address:

Apartment/Unit #:

City, State, Zip Code:

Primary Phone Number:

Email Address:

Miles to Lewiston Campus:

Miles to Coeur d'Alene Campus:

Anticipated Year you plan to graduate:

### **Commitment to Hybrid Option**

By filling out the personal information and committing to the following, I intend to enroll in the Lewis-Clark State College: Social Work Hybrid Option.

I commit to having the following:

- Daily access to high speed or reliable internet
- Computer with video, audio, and microphone capability to attend video meetings during the week and on Weekend Hybrid Intensive Sessions with your faculty instructor. Video attendance is dependent on specific course instructor for the Saturday or Sunday Intensives.
- Chrome web browser (CANVAS work best using Google Chrome)
- Microsoft Office – LC State [Information Technology](#) has office 365 for students to download for free. Please download if you do not already have access to this software.

**I understand and agree that these requirements are essential to my success. I agree that I will meet these requirements by the 1st day of class.**

**Type or Sign Signature:**

**Date:**

**Type your Name:**