

WESTERN NEW MEXICO UNIVERSITY
Degree Plan - Master of Social Work (2209)
Advanced Standing - for Students with undergraduate BSW degree
School of Health Sciences & Human Performance

| | |
|--|-------------------------------------|
| Student Name: _____ | ID# _____ |
| Complete Mailing Address: _____ (incl street, city, state, zip) | Telephone: _____ |
| Email Address: _____ | Advisor: _____ |
| Intake _____ | Date Admitted _____ |
| Interview Date: _____ | Date Admitted to MSW Program: _____ |
| Date Admitted to Graduate School: _____ | |

Social Work Core Requirements (36 credits)

| <u>Course(Credits)</u> | <u>Sem/Year</u> | <u>Grade</u> | <u>Course(Credits)</u> | <u>Sem/Year</u> | <u>Grade</u> |
|---------------------------------------|-----------------|--------------|---------------------------------------|-----------------|--------------|
| SWK 501 Cultrl Comp/SWK Pract (3) | _____ | _____ | SWK 621 Rural Comm Organiz/Dev (3) | _____ | _____ |
| SWK 520 Understnd Rural Commnt (3) | _____ | _____ | SWK 630 Rural Socl Welfare Policy (3) | _____ | _____ |
| SWK 521 SWK Clincl Interv/Assess (3) | _____ | _____ | SWK 640 Applied SWK Research (3) | _____ | _____ |
| SWK 610 SWK Admin/Supervisn (3) | _____ | _____ | SWK 681 Adv Field Practicum I (6) | _____ | _____ |
| SWK 620 Adv Psy-Soc Appr Rural Pr (3) | _____ | _____ | SWK 682 Adv Field Practicum II (6) | _____ | _____ |

Advisor Approved Guided Elective Courses (9 credits minimum)

| <u>Course(Credits)</u> | <u>Sem/Year</u> | <u>Grade</u> | <u>Course(Credits)</u> | <u>Sem/Year</u> | <u>Grade</u> |
|------------------------|-----------------|--------------|------------------------|-----------------|--------------|
| Course: _____ () | _____ | _____ | Course: _____ () | _____ | _____ |
| Course: _____ () | _____ | _____ | Course: _____ () | _____ | _____ |

Total Credit Hours: _____
 (minimum of 45 required)

Copy to Registrar on: _____ **Date:** _____ **Grad. Audit sent on:** _____ **Date:** _____

Student Signature: _____ **Date:** _____

Advisor Signature: _____ **Date:** _____

Chair, Dept. of Social Work: _____ **Date:** _____

**Assoc VP Academic Affairs/
 Dir of Graduate Division:** _____ **Date:** _____

Note: All graduate credit, including transfer credit, must have been earned within the seven years prior to issuance of the graduate degree.