

**WESTERN NEW MEXICO UNIVERSITY**  
**Degree Plan - Master of Social Work (2209)**  
**Non-Advanced - for Students without undergraduate BSW degree**  
**School of Health Sciences & Human Performance**

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

**Social Work Core Requirements (57 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 582 Fndtn Field Practicum II (3)	_____	_____
SWK 510 Human Behvr/Social Env (3)	_____	_____	SWK 610 SWK Admin/Supervisn (3)	_____	_____
SWK 511 Generalist SWK Practice (3)	_____	_____	SWK 620 Adv Psy-Soc Appr Rural Pt (3)	_____	_____
SWK 520 Understnd Rural Commnt (3)	_____	_____	SWK 621 Rural Comm Organiz/Dev (3)	_____	_____
SWK 521 SWK Clincl Interv/Assess (3)	_____	_____	SWK 630 Rural Socl Welfare Poley (3)	_____	_____
SWK 522 Grp Dynamics SWK Prc (3)	_____	_____	SWK 640 Applied SWK Research (3)	_____	_____
SWK 530 Fndtn Socl Welfare Policy (3)	_____	_____	SWK 681 Adv Field Practicum I (6)	_____	_____
SWK 540 Fndtn SWK Resrch Mthds (3)	_____	_____	SWK 682 Adv Field Practicum II (6)	_____	_____
SWK 581 Fndtn Field Practicum I (3)	_____	_____			

**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 66 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.