

WESTERN NEW MEXICO UNIVERSITY
Degree Plan - Graduate Certificate - School Social Work (2230)
School of Social Work

Student Name: _____

ID# _____

Address: _____

Telephone: _____

(Please include street, city, state, & zip code)

Email: _____

Expected Completion: _____

Date Admitted to Graduate School: _____

Catalog Authority: _____

Program: GC-SWK-S (12 credits required)

<u>Course Prefix and Number</u>	<u>Course Title</u>	<u>Credits</u>	<u>Sem/Year</u>	<u>Grade</u>
Course: SWK 506	<i>Social Work in the School Setting</i>	(3)	_____	_____
Course: SWK 507	<i>Advanced School Social Work Practice</i>	(3)	_____	_____
Course: SPED 508	<i>Intro to Exceptional Children</i>	(3)	_____	_____
Course: SWK 570	<i>Child Welfare</i>	(3)	_____	_____
Course: _____	_____	()	_____	_____
Course: _____	_____	()	_____	_____
Course: _____	_____	()	_____	_____
Course: _____	_____	()	_____	_____
Course: _____	_____	()	_____	_____

Total Credit Hours: _____
 (12 hours required.)

Copy to Registrar on date: _____

Grad. Audit sent on date: _____

Student Signature: _____

Date: _____

Advisor Signature: _____

Date: _____

Chair, Social Work: _____

Date: _____

Dean, College of Professional Studies: _____

Date: _____

Director 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