

WESTERN NEW MEXICO UNIVERSITY
Degree Plan - Graduate Certificate - Rural Community Social Work (2210)
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-R (12 credits required)

<u>Course Prefix and Number</u>	<u>Course Title</u>	<u>Credits</u>	<u>Sem/Year</u>	<u>Grade</u>
Course: <u>SWK 520</u>	<u>Understanding Rural Community</u>	(3)	_____	_____
Course: <u>SWK 620</u>	<u>Adv. Psy-Soc Approaches to Practice</u>	(3)	_____	_____
Course: <u>SWK 621</u>	<u>Community Organizing and Development</u>	(3)	_____	_____
Course: <u>SWK 630</u>	<u>Social Welfare Policy</u>	(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: _____

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