

WESTERN NEW MEXICO UNIVERSITY
Degree Plan - Master of Social Work (2209)
Non-Advanced - for Students without undergraduate BSW degree
School of Social Work

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

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 610 SWK Admin/Supervision	(3)	_____
SWK 502 Intro Adv Generalist SWK	(3)	_____	SWK 615 SWK Clincl Interv/Assess	(3)	_____
SWK 510 Human Behvr/Social Env	(3)	_____	SWK 620 Adv Psy-Soc Appr SWK Pr	(3)	_____
SWK 511 Generalist SWK Practice	(3)	_____	SWK 621 Community Organiz/Dev	(3)	_____
SWK 522 Grp Dynamics SWK Prc	(3)	_____	SWK 630 Social Welfare Policy	(3)	_____
SWK 527 Theoris/Tech Clinicl SWK	(3)	_____	SWK 640 Applied SWK Research	(3)	_____
SWK 540 Fndtn SWK Resrch Mthds	(3)	_____	SWK 681 Adv Field Practicum I	(6)	_____
SWK 581 Fndtn Field Practicum I	(3)	_____	SWK 682 Adv Field Practicum II	(6)	_____
SWK 582 Fndtn Field Practicum II	(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, School of 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.