

**WESTERN NEW MEXICO UNIVERSITY**  
**Degree Plan - Graduate Certificate - SWK Services to Military Families (2231)**  
**School of Social Work**

**Student Name:** \_\_\_\_\_ **ID#** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

\_\_\_\_\_  
 (Please include street, city, state, & zip code) **Email:** \_\_\_\_\_

**Date Admitted to Graduate School:** \_\_\_\_\_ **Catalog Authority:** \_\_\_\_\_

**Program: GC-SWK-M (12 credits required)**

<u>Course Prefix and Number</u>	<u>Course Title</u>	<u>Credits</u>	<u>Sem/Year</u>	<u>Grade</u>
Course: <b>SWK 504</b>	<i>Intro to Social Work Practice with the Military</i>	(3)	_____	_____
Course: <b>SWK 505</b>	<i>Adv Social Work Practice with the Military</i>	(3)	_____	_____
Course: <b>SWK 509</b>	<i>Integrative SWK Therapies with Vets/Families</i>	(3)	_____	_____
Course: <b>SWK 515</b>	<i>Psychopharmacology for Social Workers</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.