

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

Student Name: _____	ID# _____
Address: _____	Telephone: _____
_____	Email: _____
(Please include street, city, state, & zip code)	
Date Admitted to Graduate School: _____	Expected Completion: _____
	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: <u>SWK 506</u>	<u>Social Work in the School Setting</u>	(3)	_____	_____
Course: <u>SWK 507</u>	<u>Advanced School Social Work Practice</u>	(3)	_____	_____
Course: <u>SPED 508</u>	<u>Intro to Exceptional Children</u>	(3)	_____	_____
Course: <u>SWK 570</u>	<u>Child Welfare</u>	(3)	_____	_____
Course: _____	_____	()	_____	_____
Course: _____	_____	()	_____	_____
Course: _____	_____	()	_____	_____
Course: _____	_____	()	_____	_____
Course: _____	_____	()	_____	_____

Total Credit Hours - 12 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.