

ST. CLOUD STATE UNIVERSITY

Application for Semester Program Approval:

MASTER OF SOCIAL WORK: _____

Student ID _____ Date _____

Name in Full _____ Email Address _____

Local Address _____
City State Zip

Local Phone _____ Business Phone _____

I request the following graduate courses be transferred from: **(Official transcripts of all transfer credits which have been completed are required in the Graduate Office before program can be approved)**

Name of College or University _____

Address of College or University _____

<u>Dept. and Course No.</u>	<u>Name of College or University</u>	<u>Sem./Qtr. Hours</u>	<u>Mark</u>	<u>Date Taken</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(The area below the broken line should not be filled in by applicant)



I certify that this student is eligible for program approval and that I approve the program outlined in this application.

Major Adviser: _____



The program outlined in this application complies with the minimum course requirements set by this university for the Master's degree.

Signature of Graduate Dean: _____

Student Notified: _____

PROPOSED SEMESTER PROGRAM OF GRADUATE STUDIES

Plan A, Thesis ONLY

MASTER OF SOCIAL WORK: _____

Foundation Year

Waived for Students entering the program with a completed accredited BSW

Prerequisites

Human Biology _____
 Human Life Cycle Development _____
 Social Statistics _____
 Three Courses in Social or Behavioral Sciences _____

Foundation Courses

	<u>SEMESTER CREDIT</u>	<u>SEMESTER GRADE</u>	<u>& YEAR</u>
SW 614. Human Behavior in the Social Environment	_3_	_____	_____
SW 611. Generalist Social Work Practice I	_3_	_____	_____
SW 612. Generalist Social Work Practice II	_3_	_____	_____
SW 613. Social Work with Marginalized Populations	_3_	_____	_____
SW 620. Integrated Practice Seminar I	_4_	_____	_____
SW 621. Social Welfare Policy	_3_	_____	_____
SW 622. Research I	_3_	_____	_____
SW 625. Foundation Field Placement	_4_	_____	_____
TOTAL CREDITS:	_26_		

Concentration Year

Advanced Standing Students begin here

Concentration Courses

	<u>SEMESTER CREDIT</u>	<u>SEMESTER GRADE</u>	<u>& YEAR</u>
SW 630. Advanced Generalist Practice in Changing Communities	_3_	_____	_____
SW 631. Advanced Generalist Practice with Vulnerable Individuals and Families	_3_	_____	_____
SW 633. Integrated Practice Seminar II	_2_	_____	_____
SW 635. Field Placement II	_4_	_____	_____
SW 641. Advanced Generalist Pract. with Organizations	_3_	_____	_____
SW 642. Advanced Policy Practice	_3_	_____	_____
SW 643. Integrative Practice Seminar III	_2_	_____	_____
SW 645. Field Placement III	_4_	_____	_____
SW 699. Thesis	_6_	_____	_____
TOTAL CREDITS:	_30_	GPA: _____	

PROGRAM REQUIREMENTS:

1. Credit limitation on transfer and extension credits (combined)--10 Cr.
2. Credit limitation on Workshop--Plan A, 4 Cr.
3. Required: one-half of minimum requirements of the program must be earned in 600-level courses.