

### GRADUATE APPROVED PROGRAM

Master of	<u>Social Work</u>	Emphasis	<u>Social Development</u>
Program	<u>Planned Part-time</u>		

**Student:** Select the correct *University Bulletin* year for the requirements listed below : \_\_\_\_\_

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone(s): \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

**ALL REQUIREMENTS MUST BE COMPLETED WITHIN 7 YEARS FROM THE START OF THE TERM OF THE EARLIEST COURSE LISTED BELOW**

Student: Fill out the following information completely (including the semester each course was or will be taken).							
Course No.	Course Title	Units Required	Units (to be) completed	Semester	Institution (for transfer units only)	Grade	In Progress Or To Do
SW 700	History and Philosophy of Social Welfare	3					
SW 701	Social Policy Analysis	3					
SW 710	Human Behavior and the Social Environment	3					
SW 720	Research Methods	3					
SW 730	Social Work Practice Methods	3					
SW 740	Field Work Instruction	5					
SW 740	Field Work Instruction	5					
SW 741	Graduate Field Seminar	1					
SW 741	Graduate Field Seminar	1					
SW 770	Ethnic/Cultural Concepts and Principles I	3					
SW 771	Ethnic/Cultural Concepts and Principles II	3					
SW 800	Planning and Program Development	3					
SW 801	Change Strategies and Professional Values	3					
SW 811	Organizations, Institutions, and Communities	3					
SW 835	Seminar: Social Development Methods I	3					
SW 836	Seminar: Social Development Methods II	3					
<b>One of the following: (SW 721 or SW 820)</b>		3					
<b>Electives:</b>		6					
<b>One of the following culminating experience options:</b>		3					
SW 895	Research Project in Social Work						
SW 898	Master's Thesis						
Minimum Total Units		60					

**AND**

Report of Completion for SW 895 Research Project **OR**  Thesis Receipt

GRADUATE MAJOR ADVISER: Please check off below the manner by which this student <i>has or will have satisfied</i> Second Level written English proficiency in your graduate program, i.e. ability to write in a scholarly manner in the major field. <input type="checkbox"/> Written Research Proposal
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**GRADUATE ADVISER (Required):** \_\_\_\_\_  
Type/Print last name Signature Date

**SCHOOL GRADUATE COMMITTEE (Required):** Eileen Levy, Dept. Chair  
Type/Print last name Signature Date

Approved  Not Approved  \_\_\_\_\_  
Dean of the Graduate Division or Designee Date

**Note:** Upon approval of the GAP, read graduate Academic Policies and Procedures section in the *Bulletin* regarding conditions for maintaining its validity.