GRADUATE APPROVED PROGRAM

Master of **Social Work** Emphasis **Social Work Practice with Individuals, Families, and Groups**

Program **Planned Part-time**

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

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 in Social Work	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 810	Health, Illness and Disordered Behavior	3					
SW 830	Seminar: Social Casework	3					
SW 832	Seminar: Social Group Work	3					
One of the following: (SW 721 or SW 820)		3					
One of the following: (SW 831 or 833)		3					
One of the following: (SW800, SW801, SW835, SW850)		3					
One of the following Culminating Experience Options:		3					
SW 895	Research Project in Social Work ***OR***						
SW 898	Master's Thesis						
Electives:		6					
	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 *has or will have satisfied* Second Level written English proficiency in your graduate program, i.e. ability to write in a scholarly manner in the major field.

☐ Written Research Proposal

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.