

WESTERN NEW MEXICO UNIVERSITY
Degree Plan - Master of Social Work (2209)
Non-Advanced - for Students without undergraduate BSW degree
School of Social Work

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|--|--|
| <u>Student Name:</u> _____ | <u>ID#</u> _____ |
| <u>Complete Mailing Address:</u> _____ | <u>Telephone:</u> _____ |
| (incl street, city, state, zip) _____ | <u>Catalog Authority:</u> _____ |
| <u>Email Address:</u> _____ | <u>Advisor:</u> _____ |
| <u>Expected Completion:</u> _____ | <u>Date Admitted to Graduate School:</u> _____ |
| <u>Intake Interview Date:</u> _____ | <u>Date Admitted to MSW Program:</u> _____ |

Social Work Core Requirements (51 credits)

| <u>Course(Credits)</u> | <u>Sem/Year</u> | <u>Grade</u> | <u>Course(Credits)</u> | <u>Sem/Year</u> | <u>Grade</u> |
|---------------------------------------|-----------------|--------------|--------------------------------------|-----------------|--------------|
| SWK 501 Cultrl Comp in SWK Prac | (3) | _____ | SWK 610 SWK Administration/Supervisi | (3) | _____ |
| SWK 502 Intro Adv General SWK Prac | (3) | _____ | SWK 615 SWK Clincl Interv and Assess | (3) | _____ |
| SWK 510 Human Behavior in Social En | (3) | _____ | SWK 620 Adv Psy-Soc Appr SWK Pract | (3) | _____ |
| SWK 511 Generalist SWK Practice | (3) | _____ | SWK 621 Comm Organization/Developm | (3) | _____ |
| SWK 522 Grp Dynamics SWK Practice | (3) | _____ | SWK 630 Social Welfare Policy | (3) | _____ |
| SWK 527 Theoris/Techn Clinicl SWK | (3) | _____ | SWK 640 Applied SWK Research | (3) | _____ |
| SWK 540 Fndtn SWK Resrch Mthds | (3) | _____ | SWK 681 Advanced Field Practicum I | (3) | _____ |
| SWK 581 Foundation Field Practicum I | (3) | _____ | SWK 682 Advanced Field Practicum II | (3) | _____ |
| SWK 582 Foundation Field Practicum II | (3) | _____ | | | |

Advisor Approved Guided Elective Courses (9 credits minimum)

| <u>Course(Credits)</u> | <u>Sem/Year</u> | <u>Grade</u> | <u>Course(Credits)</u> | <u>Sem/Year</u> | <u>Grade</u> |
|------------------------|-----------------|--------------|------------------------|-----------------|--------------|
| Course: _____ () | _____ | _____ | Course: _____ () | _____ | _____ |
| Course: _____ () | _____ | _____ | Course: _____ () | _____ | _____ |

Total Credit Hours: _____
 (minimum of 60 required)

Copy to Registrar on: _____ **Date:** _____ **Grad. Audit sent on:** _____ **Date:** _____

Student Signature: _____ **Date:** _____

Advisor Signature: _____ **Date:** _____

Chair, School of 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.