



**Application for Admission to Candidacy for a Master's of Social Work Degree**

University of WI Oshkosh

1. Name:  
 Street:  
 City, ST, Zip:  
 2. Student ID#:  
 3. Degree Sought: **MSW**  
 4. Academic Plan: **ADVANCED DIRECT PRACTICE**  
 (Advanced curriculum)

5. If admitted with deficiencies describe how they have been met:  
 6. Transfer credits: \_\_\_\_\_ Yes \_\_\_\_\_ No Number: \_\_\_\_\_  
 Transfer Institutions:  
 7. Office use: Official transcript(s) received: \_\_\_\_\_

Official Use Only: Degree Begin Date: \_\_\_\_\_ / \_\_\_\_\_

NOTE: List letter grade in GR column  
 Check box in R column for required degree courses  
 Check box in T column if transfer credit from another institution

8. Plan of Study

|    | Term | Subject Area & No. | Course Title                                     | CR   | GR | R | T | Office Use Only |
|----|------|--------------------|--|------|----|---|---|-----------------|
| 1  |      | Soc Work 720       | Practice Competence in a Diverse Community       | 3.00 |    |   |   |                 |
| 2  |      | Soc Work 721       | Multi-Level Family Intervention                  | 3.00 |    |   |   |                 |
| 3  |      |                    |  | 3.00 |    |   |   | ADV. HBSE       |
| 4  |      | Soc Work 728       | Advanced Social Welfare Policy Analysis          | 3.00 |    |   |   |                 |
| 5  |      | Soc Work 729       | Field 3 + Integrative Seminar                    | 4.00 |    |   |   |                 |
| 6  |      | Soc Work 731       | Advance Research Application in Soc Wrk Practice | 3.00 |    |   |   |                 |
| 7  |      | Soc Work 732       | Field Research Project                           | 1.00 |    |   |   |                 |
| 8  |      | Soc Work 733       | Field 4 + Integrative Seminar                    | 4.00 |    |   |   |                 |
| 9  |      | Soc Work 734       | Field Research Consultation                      | 2.00 |    |   |   |                 |
| 10 |      |                    |  | 3.00 |    |   |   | ELECTIVE        |
| 11 |      |                    |  | 3.00 |    |   |   | ELECTIVE        |
| 12 |      |                    |  |      |    |   |   |                 |
| 13 |      |                    |  |      |    |   |   |                 |
| 14 |      |                    |  |      |    |   |   |                 |
| 15 |      |                    |  |      |    |   |   |                 |

**TOTAL CREDITS:** 32.00

Office Use Only: Degree Completion Date: \_\_\_\_\_ / \_\_\_\_\_

9. Culminating Experience Requirement: **FIELD RESEARCH PROJECT**

10. Plan Approval:

\_\_\_\_\_  
*Student Signature* *Date*

\_\_\_\_\_  
*Faculty Advisor Signature* *Date*

\_\_\_\_\_  
*Program Coordinator Signature* *Date*

11 Graduate Studies Approval:

\_\_\_\_\_  
*Signature* *Date*

12. Waivers / Submissions / Modifications / Notes: