



**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**  
 (Foundation and 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 701	Ethical Foundations of Social Work Practice	3.00				
2		Soc Work 702	Generalist Practice 1	3.00				
3		Soc Work 703	Small Systems Lab	1.00				
4		Soc Work 704	Generalist Practice 2	3.00				
5		Soc Work 705	Large Systems Lab	1.00				
6		Soc Work 706	Social Welfare Institutions	3.00				
7		Soc Work 707	Human Behavior in the Social Environment	3.00				
8		Soc Work 708	Social Welfare Policy	3.00				
9		Soc Work 709	Field 1: Foundation Social Work Field Practice	4.00				
10		Soc Work 710	Field 2: Foundation Social Work Field Practicum	4.00				
11		Soc Work 720	Practice Competence in a Diverse Community	3.00				
12		Soc Work 721	Multi-Level Family Intervention	3.00				
13				3.00				ADV. HBSE
14		Soc Work 728	Advanced Social Welfare Policy Analysis	3.00				
15		Soc Work 729	Field 3 + Integrative Seminar	4.00				
16		Soc Work 731	Advance Research Application in Soc Wrk Practice	3.00				
17		Soc Work 732	Field Research Project	1.00				
18		Soc Work 733	Field 4 + Integrative Seminar	4.00				
19		Soc Work 734	Field Research Consultation	2.00				
20				3.00				ELECTIVE
21				3.00				ELECTIVE
22								

TOTAL CREDITS: 60.00

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: