



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: **ADMINISTRATION MANAGEMENT**
 (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 722	Soc Work Mngmnt and Supervsion in Social Srvcs	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		MPA 752	Public and Nonprofit Budgeting	3.00				
20		Soc Work 734	Field Research Consultation	2.00				
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: