

Election of Major

Social Work (57 hours)

2006-2007 Catalog

Name _____ I.D. Number _____

Planned Degree Completion Date: Mo. _____ Yr. _____

✓ One Degree: ___BA ___BS

Required Courses

Hours

Do not write in shaded area

<input type="checkbox"/>	SOWK 110	Introduction to Social Services	3.0
<input type="checkbox"/>	SOWK 222	Social Research Methods	3.0
<input type="checkbox"/>	SOWK 228	Racial, Ethnic and Gender Group Relations	3.0
<input type="checkbox"/>	SOWK 233	Social Welfare as an Institution	3.0
<input type="checkbox"/>	SOWK 274	Practice Methods in Social Services	3.0
<input type="checkbox"/>	SOWK 334	Human Behavior and the Social Environment (W)	4.0
<input type="checkbox"/>	SOWK 366	Social Service Policy	3.0
<input type="checkbox"/>	SOWK 375	Social Work Practice I	3.0
<input type="checkbox"/>	SOWK 475	Field Instruction	10.0
<input type="checkbox"/>	SOWK 476	Field Instruction Seminar	4.0
<input type="checkbox"/>	SOWK 477	Social Work Practice II	3.0
<input type="checkbox"/>	BIOL 102	Human Biology-Stages of Life	3.0
<input type="checkbox"/>	OR		
<input type="checkbox"/>	BIOL 204	Fundamentals of Human Anatomy	3.0
<input type="checkbox"/>	PSYC 101	Introduction to Psychology	3.0
<input type="checkbox"/>	SOC 101	Introduction to Sociology	3.0

One course selected from:

<input type="checkbox"/>	ECON 221	Principles of Microeconomics	3.0
<input type="checkbox"/>	ECON 222	Principles of Macroeconomics	3.0
<input type="checkbox"/>	ECON 320	Economics of Race, Gender, and Class	3.0
<input type="checkbox"/>	ECON 328	Economic Development	3.0

One course selected from:

<input type="checkbox"/>	POSC 121	American National Politics	3.0
<input type="checkbox"/>	POSC 122	State and Local Politics	3.0
<input type="checkbox"/>	POSC 140	International Politics	3.0
<input type="checkbox"/>	POSC 233	Comparative Politics	3.0

Explain transfer, substitutions, or other irregularities:

Note: Students must apply for admission to the Social Work Program. Completion and signing of this form does not constitute admission to the Social Work Program.

Advisor Signature _____ Date _____

Social Work Program Director Signature _____ Date _____

I understand I have final responsibility for monitoring my graduation requirements.

Student Signature _____ Date _____

Return this form to the Office of the Registrar