

Election of Major

Social Work (58 hours)

2007-2008 Catalog

Name _____ I.D. Number _____

Planned Degree Completion Date: Mo. _____ Yr. _____

✓ One Degree: ___BA ___BS

Required Courses

Do not write in shaded area

		Hours
<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 110 Introduction to Psychology	4.0
<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